CLIENT ORIENTATION PROTOCOL

The CPSP program is based on the concept that services will be provided in partnership with the woman and her family. The first step in establishing trust is for the client to have information about the program. This includes knowing what her rights and responsibilities are, knowing what services are available, and where to go for emergency care. In the CPSP, this part of the program is called “Client Orientation”.

Refer to Steps to Take (STT) Guidelines: First Steps - “Orientation to Your Services”, pages 16-17.

PURPOSE:

To be an active participant in her care, the client needs to know what services will be provided and who will provide them, as well as what her rights and responsibilities are. The client orientation is the first step in building a trusting relationship between the practitioner and the client.

At subsequent visits, it is important to “orient” the client to the various tests and procedures she may be given, and later, to the hospital where she is expected to deliver. Orientation is not a one-time session, but should be incorporated as an ongoing part of care.

PROCEDURE:

1. Prior to beginning the client orientation, assure the client(s) that she can ask questions anytime. Give time at the end of the initial orientation to voice concerns not only about her pregnancy, but also about all the services provided by the CPSP.

2. **Confidentiality is a critical component of the CPSP.** In the partnership of her care, it is the health care team’s responsibility to keep confidential the information that the woman provides. Her responsibility is to be truthful and honest in her answers. She should be informed that the health care team (including the WIC Program) who provide services to her will share the information among themselves so that they can deliver the best care possible. Be certain a generic consent to share information among health services providers is signed by the client and is in the client’s medical record.

Practitioner: The client orientation will be conducted by (practitioners at your location):

_____

_____

_____

CONTENT:

At the initial Client Orientation, a CPSP Practitioner (as listed) should provide the client with the following information***:***

1. **All of the services that will be available** to her during her pregnancy and postpartum, including:
   - Medical, nutrition, psychosocial and health education assessments, reassessments, interventions and appropriate related services;
   - Prenatal, childbirth, infant care and safety, and postpartum education;
   - Referrals to other health care professionals, public and community resources.

2. **The role of the various team members** who will see her during her pregnancy. She should be given the names and telephone numbers of the various offices. As applicable:

Physician(s) _____

Nurse Practitioners _____

Physician's Assistants _____

Social Worker(s) _____

Dietitian(s) _____

Health Educators _____

3. **Client's Rights and Responsibilities.**
   The client has the **right** to:
   - Be treated with dignity and respect;
   - Have her privacy and confidentiality maintained;
   - Review her medical treatment and record with her health care provider;
   - Be provided with explanations about tests and office/clinic procedures;
   - Have her questions answered about procedures and her care;
   - Participate in planning and decisions about her health care during pregnancy, labor and delivery;
   - Agree to, or refuse, any care or treatment.

The client has **responsibility** to

- Be honest about her medical history and lifestyle because it may affect her and her unborn baby's health;
- Be sure she understands explanations and instructions;
- Respect clinic/office policies, and ask questions if she does not understand them;
- Follow advice and instructions given by staff;
- Report any changes in her health;
- Keep all appointments. Arrive on time. If unable to keep an appointment, cancel 24 hours (or per office/clinic policy) in advance, if possible;
- Notify prenatal staff of any changes in address or phone number;
- Let staff know if she has any suggestions, compliments, or complaints;
- Review these Rights and Responsibilities verbally and provide the client with a copy of Steps to Take ("STT") Guidelines: Health Education handout "Your rights as a client", page 11. Many CPSP providers keep one copy of the *Client Bill of Rights* that has been signed by the client in the medical record.

4. **The administrative procedures of the office or clinic:**
   - Time and phone number for cancelling and rescheduling appointments.
   - Need to keep her scheduled appointments in a timely manner.

5. **Routine clinic/office procedures that will be done.** The blood and urine tests, initial comprehensive and subsequent limited physical examinations (include blood pressure and fundal height) that she can expect, the amount of time her visits will take, where and when comprehensive services are provided and other routine clinic/office procedures.

   Refer to Steps to Take Guidelines: Additional Information - "Prenatal Laboratory and Diagnostic Tests", appendix pages 3 - 7.

6. **Written and verbal instructions about the pregnancy warning signs and symptoms** and who to call and where to go if she has any of these symptoms. Review how these are different from common discomforts and what to do if they occur:
   - fever or chills
   - swollen hands or face
   - bleeding from vagina
   - difficulty breathing
   - severe or ongoing headaches
   - sudden large weight gain
   - accident, hard fall or other injury
   - pain or cramps in stomach

- pain or burning when urinating
- sudden flow of water or leaking of fluid from vagina
- dizziness or change in vision (such as spots, blurriness)
- severe nausea and vomiting
- Provide the client with a copy of Steps to Take ("STT") Guidelines: Health Education - Handout: "Welcome to Pregnancy Care", page 7.
- Instructions on what to do if symptoms occur:

_____

_____

_____

7. Other orientation and/or informed consent should be done for **procedures** such as AFP testing, ultrasound, stress testing, amniocentesis, etc., as these issues arise. The procedures should be explained, who will do them, and why they are important. Any pre - or post-instructions should be reinforced. Give the woman time to ask questions so that she feels as comfortable as possible with the tests and procedures.

8. The client should also be given **information on the referrals** that will be made to programs such as WIC, dental care, pediatric and well-child care services or other programs.

9. The client should also receive a full orientation to the hospital where she is expected to deliver, including any tours available, pre-admission information requested by the hospital, and other information and routine practices of the hospital. Reinforce the importance of going to the appropriate hospital for delivery.

10. Postpartum orientation to services and referrals; for example, referral for rubella immunization for the mother who is not immune to rubella, a postpartum WIC referral, etc., should be provided at the appropriate time.

DOCUMENTATION:

1. The initial orientation is a required component of the CPSP.

2. The practitioner should document the completion of the initial client orientation. Only the date, signature of the CPSP Practitioner, and a brief note, such as: "CPSP orientation done per protocol", on the Individualized Care Plan, or per your facility's Procedure are required. It is not necessary, or desirable, to document all the components of the orientation unless something unusual occurs with any particular client. If a prenatal checklist is utilized, document per checklist instructions.

3. If the client declines to enroll in the CPSP, a note must be made in the client's medical record which includes any particular reason the client gives for declining services.

PRENATAL COMBINED ASSESSMENT / REASSESSMENT
Instructions for Use and Protocols

The Prenatal Combined Assessment/Reassessment Tools are designed to be completed by any qualified Comprehensive Perinatal Services Program (CPSP) practitioner, as defined in Title 22, Section 51179.7.

PURPOSE:

The Prenatal Combined Assessment Tools permit the CPSP practitioner to assess the client's strengths, identify issues affecting the client's health and her pregnancy outcome, her readiness to take action, and resources needed to address the issues. This information, along with the information from the initial obstetrical assessment, is used, in consultation with the client, to develop an Individualized Care Plan (ICP). The combined assessment is ideal for those practice settings in which one CPSP practitioner is responsible for completing the client's initial assessment and reassessments. It does not preclude other discipline specialists (i.e., Social Worker, Registered Dietitian) from providing needed services to the client.

PROCEDURES/PROCESS:

The prenatal combined assessment tool is designed to be administered by a qualified CPSP practitioner (CPHW or other).

1. Familiarize yourself with the assessment questions and the client's medical record before completing the assessment.

2. The setting should allow for adequate privacy. Due to the sensitive nature of the questions being asked, it is strongly recommended that the client's partner and other family members and friends be excluded during the administration of the assessment. This is one way to promote complete honesty in your client's responses and protect her right to confidentiality. Cultural customs and practices should be taken into consideration for each client.

3. Keep educational materials, visual aids, etc. readily available to promote a fluid exchange of information with the client. This also prevents wasted time looking for or copying materials. It is not appropriate to attempt to provide all of the interventions listed in the protocol during the initial assessment. It would take too long and overwhelm the client with too much information.

Health behavior changes take place over time and often require multiple interventions. Leave non-urgent interventions for future visits. List them on your ICP.

4. Before beginning, explain the purpose of the assessment and how the information will benefit the woman and other CPSP practitioners who will be involved in her care. Be certain to tell her that the assessment is intended to help her have a healthy pregnancy and baby.

5. Explain the confidentiality of the assessment process. State clearly to the woman that all child abuse/neglect must be reported to the proper authorities, follow professional standards and mandated reporting laws. Refer to reporting requirements related to domestic violence described in detail after question 38. Everything else is confidential and is shared only with her health care team or with her prior consent.

6. Explain that you will be taking notes as you go along. You can offer to share the notes when the interview is complete if it would increase her comfort level.

7. Try to maintain a conversational manner when asking the questions on the form. The first few times you use the assessment, you may want to read the questions as they are written on the form. As you become more comfortable with the content of the assessment, you can adopt a more conversational style. All questions must be asked in a manner that encourages dialogue and development of rapport.

8. Sensitive questions should be asked in a straightforward, nonjudgmental manner. Most clients will be willing to provide you with the information, especially if they understand the reason for the question. Be aware of your body language, voice and attitudes. Explain that the client's answers are voluntary, and she may choose not to answer any question.

9. Ask related, follow-up questions to explore further any superficial or conflicting responses.

10. It is preferable to complete the assessment in one session. The assessment must be completed within four weeks of entry into care for **all** managed care members.

If the client has limited English-speaking abilities and you are not comfortable speaking her preferred language, arrange, if possible, to have another staff member with those language capabilities complete the assessment. If such a person is not available, the CPSP practice should have the ability to make use of community interpreting services on an as-needed basis. As a last resort the client may be

asked to bring someone with her to translate; it is not appropriate to use children to translate, a trusted female, rather than even her partner, is more appropriate. Telephone translation services should only be considered as a last resort for very limited situations.

11. Become familiar with the behaviors acceptable to the ethnic and cultural populations served in your CPSP practice. Make sure the assessment is offered in a culturally sensitive manner. When you are unsure, ask the client about ways you can help increase her comfort level with the process. For example: "Is there anything I can do to make this more comfortable for you?"

12. Adolescents possess different cognitive skills than their adult counterparts. It is important to understand the normal developmental tasks of adolescence and relate to your clients based on their individual developmental stage.

Early adolescents are concrete thinkers. If they don't see it, feel it, or touch it, for them it does not exist.

Middle adolescents start to develop abstract thinking. They have the ability to link two separate events. Cause and Effect. If I do this, that will happen.

Late adolescents can link past experiences to present situations to predict future outcomes and influence their present behaviors. Two years ago I did this, that happened; if I do the same thing today, what happened two years ago will happen again.

A teen's ability to think, reason and understand will influence her health education needs.

13. When the assessment is completed, pay particular attention to the answers with moderate and high risk status; they are the ones most likely to need interventions and/or be included on the Individualized Care Plan. Generally they will require follow-up questions by the practitioner to determine the actual need and most appropriate intervention(s). Answers with a low risk status and/or open-ended questions are important in that they provide additional information about the client's strengths, living situation and resources that will be important to consider when developing an Individualized Care Plan.

14. At the completion of the interview, summarize the needs that have been identified and assist the client in prioritizing them. Work with her to set reasonable goals and document them on the Individualized Care Plan. Completion of an Assessment Risk/Strength Summary is an optional component of CPSP. It provides a quick visual summary of the risks and strengths of a CPSP client as identified during the initial assessment. It is not a substitute for the Individualized Care Plan. Goals included in the Individualized Care Plan should begin with statements such as, "The client will . . .", or "The client agrees to . . . "When applicable, the name of the staff member responsible for providing additional

assessments or interventions, as well as the timeline for completion, should be included.

15. Review assessment plan with other team members.

DOCUMENTATION:

1. Refer to STT Guidelines: First Steps - Documentation, page 11.

2. Make sure there is some documentation for every question. If the question does not apply, indicate that by choosing or writing “N/A”. If the client chooses not to answer a question, make a note: “declines to answer”.

3. All notes and answers on the assessment should be legible and in English. The completed assessment tool must be included as a part of the client’s medical record.

4. All problems identified during the assessment should indicate some level of follow-up. Follow-up may range from problems and planned interventions noted on the Individualized Care Plan (“ICP”), to notations on the assessment form and/or brief narrative that indicates immediate intervention was provided or that the issue is not one the client chooses to address at this time and/or will be reassessed at another time. Written protocols should be followed for intervention and referral. For clients with numerous and/or complex problems/needs, be sure to indicate the priority of each problem listed on the ICP.

5. All assessments should be dated and signed with at least the first initial, last name, and title of the person completing the assessment.

6. Use only those abbreviations your facility has approved.

7. If a prenatal checklist is used in your facility, keep it handy during the assessment to ensure that accurate documentation of interventions is completed.

8. Signature page on the initial assessment form (page 4) must be reviewed and signed off by medical care provider (i.e., MD, NP, PA).

9. Medical care provider must review and sign each reassessment and postpartum.

PRENATAL COMBINED ASSESSMENT TOOL
Protocols

The Prenatal Combined Assessment Tool has been reviewed by California State Department of Health Services and ***MAY NOT BE ALTERED*** *except to be printed on your logo stationery.*

The Protocols must be customized to your practice setting. Space has been included for the addition of community resources specific to your geographic area. Interventions and materials recommended in the Protocols may be replaced by those preferred by your facility's Comprehensive Perinatal Services Program ("CPSP") Provider or Coordinator. Adapt the protocols to reflect your practice as needed. For further instructions, information or technical assistance regarding the CPSP, you may call your local CPSP Coordinator at the following numbers:

County of Riverside	*(909) 358 - 5565*
County of San Bernardino	*(909) 388-5751*

The Protocols are based extensively on the Comprehensive Perinatal Services Program, Steps to Take (STT) *Guidelines*. Steps to Take *is available to all DHS-certified CPSP providers at no cost. If you do not have a copy of the* Steps to Take *Guidelines* (2001)*, please call the appropriate CPSP Coordinator at the number listed above. STT may be reproduced, by provider, as needed..*

The Protocols are generally organized in the following manner:

1) *the question as it appears on the Prenatal Combined Assessment Tool;*
2) *rationale for asking the question and/or brief information section;*
3) *reference to the appropriate section of the Comprehensive Perinatal Services Program,* Steps to Take Guidelines (2001);
4) *specific interventions designed to meet needs identified by asking the client that particular question; and*
5) *referral or other resources.*

Status Definitions:

(L) ***Low Risk:***

A client who has the coping mechanism, resources and support system to resolve the identified needs/conditions.

(M) ***Moderate Risk:***

A client who is having difficulty coping and may have an adequate or inadequate support system. This client needs a resource referral and appears able to follow through.

(H) ***High Risk:***

A client who exhibits by behavior, the lack of coping mechanisms, and may have an adequate or inadequate support system. This client has few or no resources and needs intervention.

Patient Information:

The initial assessment may occur in the first, second, or third trimester depending on when the client presents for prenatal care. Reassessment must occur in each of the following trimester(s). For example, if a client enters prenatal care in the second trimester, enter the date of the initial assessment in the "Initial" space and "N/A" in the 2nd trimester space at the top of the first page. All questions must be asked (unless they are not applicable) at the initial assessment, no matter when in the pregnancy that initial assessment occurs.

An initial assessment must be completed within 4 weeks of the first prenatal medical visit, but may be done prior to or at the same time as the first prenatal visit.

Patient Name:

_____

Serves as a form of identification in addition to providing an opportunity to learn what the client prefers to be called**.**

Date: _____

Please include the date the initial assessment was completed.

Location: _____

Site of physician, nurse practitioner or certified nurse midwife responsible for management of the client's obstetrical care.

Age: _____

Teens may be at higher risk medically, psychosocially, nutritionally, and in terms of their health education needs than their adult counterparts. Additionally, they may need referrals to AFLP/CAL LEARN and/or Teen Mother Programs. Women $\geq$ 35 years of age at time of delivery need additional genetic counseling.

Refer to the Comprehensive Perinatal Services Program, "Steps to Take" ("STT") Guidelines: First Step - "Approaching Clients of Different Ages", pages 14 - 15 and Psychosocial - "Teen Pregnancy and Parenting", pages 85 - 90.

INTERVENTION:

If teen was ≤ 14 years old when she became pregnant, Child Protective Services, Department of Children's Services must be notified and will make an evaluation. Report by phone to CPS/DCS as soon as practically possible, then follow up with a written report within 36 hours.

Inform all teens receiving TANF that Cal Learn participation is mandatory to continue to receive TANF benefits in most circumstances. Refer adolescents with an unstable home situation to a social worker.

REFERRAL:

The Child Abuse Hotline: receives all reports of suspected child abuse, neglect, or exploitation. Also provides information and consultation about child abuse and neglect: 1 (800) 442 - 4912.

Other referrals:

San Bernardino Department of Children Services (909) 388-2121
Hotline 1 (800) 82708724

RESOURCES:

211 San Bernardino, www.211sb.org

Other resources:

_____
_____
_____
_____
_____
_____

Questions 1 & 2

1. **What language do you speak:** ☐ **English** ☐ **Spanish** ☐ **Other:** _____
2. **What language do you read:** ☐ **English** ☐ **Spanish** ☐ **Other:** _____

Subject: Languages spoken or read

Status:	(**L**):	Speaks English
	(**M**):	Speaks moderate amount of English or has an appropriate translator (refer to Procedures/Process #10, page 6)
	(**H**):	Unable to understand or read English and has no translator available
Status Intervention:	(**L**):	Communicate and provide material in English
	(**M**):	Communicate and provide instructions and materials in English or appropriate language
	(**H**):	Provide translator. Provide instructions and written materials in appropriate language

Refer to STT Guidelines: First Steps - "Cultural Considerations", "Cross-Cultural Communication", "No Language in Common With Staff", "Guidelines for Using Interpreters", pages 21 - 25.

ADDITIONAL INTERVENTIONS:

Utilize bilingual, female staff whenever possible.

Encourage interpreters to translate the client's own words, not a summary of her words. Ask the interpreter not to leave anything out or to add her/his (female strongly preferable) own thoughts or opinions.

Use of family members or friends is strongly discouraged. It is not appropriate to use a child.

REFERRALS:

211 San Bernardino, www.211sb.org

Local Education Classes: _____

English as a Second Language Classes: _____

Sign Language Interpreter: _____

Community Resources: _____

_____

Subcontracting health plans offer telephonic interpretation services as a backup for providers who may require assistance in communicating with his/her patients. To access a telephone interpreter, please call the telephone number listed below:

(1) Molina Medical Centers:

Member Services Department: 1 (800) 526 - 8196, seven days a week, 24 hours a day.

(2) Health Net Providers:

1 (800) 977 - 3073, M - F, 8:30 a.m. to 5:30 p.m.. After hours or on weekends, please call
1 (800) 675 - 6110, ask for the Nurse Triage Advise Line.

To achieve maximum benefit from interventions and education, services must be presented in a spoken or written language that is understandable to the client.

Refer to STT Guidelines: First Steps - "Low Literacy Skills" (for those clients with low or no reading ability in any language), pages 26 - 28. The client's ability to read is separate from her interest in reading. Providing written materials to someone who does not read or who does not like to read may be inappropriate.

ADDITIONAL INTERVENTIONS:

Identify and offer appropriate educational materials in specified language.

Utilize same language interpreter, preferably a staff member.

Increase utilization of audio-visual materials.

Increase use of verbal instruction.

Refer to Health Education professional if client requires more intensive one-to-one health education.

Document on the Individualized Care Plan.

RESOURCES:

Refer to STT Guidelines: Health Education - "Health Education Materials", page 127, for a list of resources to assist you in obtaining perinatal health education materials in English and other languages.

Question 3

3. How many years of school have you finished?:

Subject: Years of education

Status: (**L**): 9th grade education and above

(**M**): 6 - 9th grade education

(**H**): Less than 6th grade education with poor motivation to learn

Status Intervention: (**L**): Provide appropriate educational materials

(**M**): Low literacy education materials and additional verbal instructions

(**H**): Low literacy education materials, verbal instructions and visual aids

Determining the client's level of education may give the assessor some idea as to the client's reading and comprehension levels, although this will probably require further evaluation. Refer to same interventions and resources for questions 1 & 2.

Questions 4 & 5

4. Do you have a job? □ YES □ NO What kind of work?

5. Does your partner have a job? □ YES □ NO What kind of work?

Subject: Employment

Status: (**L**): Patient has some financial resources

(**M**): Patient has some financial resources and has a job with possible health risks

(**H**): Patient has no financial resources and is unemployed or employed, but exposed to safety hazards

Status Intervention: (**L**): Offer referrals for additional financial resources

(**M**): Educate on hazards of lifting and environmental exposure. Discuss legal rights related to pregnancy disability

(**H**): Refer to TANF and other financial resources

Work refers to paid efforts that can occur outside the home or within (child care, laundry, sewing, telemarketing, etc.). This information will help the assessor understand the

economic resources of the family in addition to possible health risks related to the client's kind of work. It also provides an opportunity to discuss how long she plans to work.

Refer to STT Guidelines: Health Education - "Workplace and Home Safety", pages 41 - 45, Psychosocial - "Financial Concerns", pages 28 - 34

ADDITIONAL INTERVENTIONS:

Provide client with a copy of STT Guidelines: Health Education-Handout I, "Work and Home Safety", and review it with her.

Emphasize the Handout section "Check if you work in any of these settings".

Review appropriate steps for clients who work in at-risk settings.

If she plans to return to work after the baby is born, this is an appropriate opportunity to plan the discussion related to child care plans, work safety issues and the importance of planning for breastfeeding; and to make referrals to community resources as appropriate.

Patients must be referred to WIC, and encouraged to participate in WIC program. Explain the importance of good nutrition, especially during pregnancy, and the WIC benefit. When making referrals, ask the client if she thinks she will have any difficulty in following through. Explain the benefit, describe the process of the referral and praise the client for taking care of herself. Anticipate barriers to follow-through - can she take notes?. . does she have a map?. . . a bus schedule?. . . a calendar? . . . a clock? . . . Provide anticipatory guidance. Do your best to make appropriate referrals and encourage her to accept them.

In most cases, you cannot make the client follow through. Know the limits of your counseling abilities and explain them to her. Set reasonable limits on your time and availability if the client becomes overly dependent, so she will be more likely to accept outside help.

Any referrals documented here do not need to be addressed on the ICP unless further intervention is planned.

Any issues identified should be reassessed each subsequent trimester and, when appropriate, postpartum.

REFERRAL:

Health care provider if client is exposed to potential teratogenic or toxic substances.

Health education consultant or nurse educator if client is unmotivated to follow safety practices.

Local WIC program. Other items need to be evaluated individually.

RESOURCES:

211 San Bernardino, www.211sb.org

Emergency Food: _____

Non-emergency food: _____

Emergency Housing: _____

Low Cost Child Care: _____

Other: _____

_____

_____

Health Education Consultant: _____

California Teratogen Registry at UC San Diego - to check if substance or activity is harmful during pregnancy: 1 800 532 - 3749, Monday, Wednesday, Thursday, Friday, 9:00 a.m. to
4:30 p.m.; Tuesday 11:00 a.m. - 4:30 p.m.

Toxic Information Center - exposures to chemical(s) outside the workplace:
1 (800) 262 - 8200 (not available within the 510 area code).

National Pesticide Network Hotline: 1 (800) 858 - 7378.

Chemtrec Center: 1 (800) 262 - 8200. Can mail "Material Safety Data Sheets:", but no specifics about pregnancy.

If I'm Pregnant, Can the Chemicals I Work With Harm My Baby? California Occupational Health Program. Hazard Evaluation System and Information Service, (510) 540 - 3138 or
(510) 540 - 3014.

Pregnancy and the Working Woman, ACOG Pamphlet, 1985, 409 12th Street SW, Washington, DC 20024 - 2188

Occupational and Environmental Reproductive Hazards: A Guide for Clinicians, Maureen Paul, ed. 1993, Baltimore, Williams, Wilkins.

Question 6

6. Are you on any special diet? ☐ YES ☐ NO
If you are on a special diet, what kind?

☐ Weight Loss ☐ Low Fat / Low Cholesterol ☐ Low Salt

☐ Diabetic ☐ Other:

_____

Subject: Special Diet

Status:	(**L**):	Ability to follow through with appropriate special diet plan. Coping mechanism adequate
	(**M**):	Difficulty understanding special diet, but shows ability to follow through
	(**H**):	Diabetic, weight loss/crash dieting, fasting, or difficulty to understand or follow through
Status Intervention:	(**L**):	Reinforce special diet instructions
	(**M**):	Review special diet instructions with client at each trimester reassessment, refer to RD as needed.
	(**H**):	Review special diet instructions with client at each medical provider visit. Check with medical provider for Medical Nutrition Therapy, requires an MD prescription. Diabetic: Refer to Sweet Success Program. Other special diets: Refer to Registered Dietitian (RD)

Special diets include diets that the client has been instructed to follow by a health care professional for the management of a specific disease or condition, as well as self-imposed diets that the client may have put herself on (such as weight loss). Examples of diseases or conditions that may require a special diet include diabetes, renal disease, liver/hepatic disease, malabsorption (more severe than lactose intolerance), or cancer.

ADDITIONAL INTERVENTIONS:

If the client tells you she is on a weight loss diet, emphasize to the client that pregnancy is not the time for weight loss. Weight loss during pregnancy can interfere with the growing needs of the baby. Discuss weight gain in pregnancy. Refer STT; Nutrition - “Weight gain during pregnancy” Pg. 5-14.

Provide the client with a copy of STT Guidelines: Nutrition - “The Daily Food Guide for Pregnancy”, page 28.

Emphasize serving sizes recommended for pregnancy as well as review weight gain goals.

REFERRAL:

Refer to registered dietitian and/or medical/obstetrical provider for conditions requiring medical nutrition therapy such as diabetes, liver disease, renal disease, cancer, and GI disturbances that exist in current pregnancy. See the CPSP Provider Handbook for complex nutrition condition requiring specialized nutrition services.

Question 7

7. Are you a vegetarian? □ YES □ NO

If yes, do you consume milk products (milk, cheese, yogurt) and/or eggs? □ YES □ NO

Subject: Vegetarian diet

Status:	(**L**):	Lacto-Vegetarian adequate diet as assessed in 24 hour food recall or Perinatal Food Frequency Questionnaire (PFFQ)
	(**M**):	If Lacto-Vegetarian (eats dairy products) or Lacto-Ovo-Vegetarian (includes dairy products and eggs), 24 hour food recall/PFFQ identifies inadequate intake
	(**H**):	Total vegetarian diet (Vegan) is likely to be deficient in calories, iron, calcium, zinc, and B12
Status Intervention:	(**L**):	Provide information and instructions on Lacto-Vegetarians
	(**M**):	Encourage selection of a variety of plant proteins, along with eggs and/or milk products (legumes and nuts to ensure intake of complete protein)
	(**H**):	Refer to Registered Dietitian

Not all individuals define “vegetarian” the same way. This question identifies the specifics of the client’s vegetarianism. **Lacto vegetarians** include dairy products in their diets. **Lacto-ovo vegetarians** include both dairy products and eggs in their diets. In both the lacto and lacto-ovo-vegetarians, nutritional deficiencies are rare. **Vegans** are strict vegetarians who do not eat any animal products (no dairy products and no eggs). Vegan diets are more likely to be deficient in nutrients like Vitamin B_{12}, calcium, iron, and zinc. If the client is a vegan (does not eat any dairy products, eggs or meat), this should be brought to the attention of the provider and registered dietitian and specific interventions addressed in the Individualized Care Plan.

Refer to STT Guidelines: Nutrition - “Vegetarian Eating”, pages 111 - 113.

ADDITIONAL INTERVENTIONS:

Provide the client with STT Guidelines: Nutrition - "The Daily Food Guide for Women", page 28, and review it with her.

Provide the client with a copy of STT Guidelines: Nutrition - Handout "When you are a vegetarian" page 115.

Review with the client equal servings of vegetable proteins in the protein group. Monitor weight gain and iron status.

REFERRAL:

Refer to registered dietitian and/or medical/obstetrical provider if the client is a vegan or deficient Lacto-Ovo-Vegetarian diet, has anemia which has not improved within 1 month after the start of treatment, or is unwilling to accommodate pregnancy nutrient requirements into daily intake.

Question 8

8. Are you allergic to any foods or do you avoid eating any foods? ☐ YES ☐ NO

If yes, what:

_____

Subject: Food allergies

Status:	(**L**):	None reported
	(**M**):	Any avoidance or inadequate intake of major food groups
	(**H**):	Complete avoidance of major food group or severe food allergies compromising dietary intake documented by Health Care professional
Status Intervention:	(**L**):	Instruct on healthy diet
	(**M**):	Review food guide with client for alternative choices
	(**H**):	Refer to Registered Dietitian

This question allows the assessor to identify whether or not food allergies or intolerance or personal reasons may affect the client's ability to eat an adequate prenatal diet. Food allergies are not the same as food intolerance. Food allergies can cause mild or more severe symptoms such as hives, swelling, difficulty breathing, and vomiting.

Foods or beverages may be avoided for religious, cultural, ethnic or personal preference reasons. Avoiding foods/beverages is a problem if it interferes with the client's nutritional status. Use the food guide to help client make alternative food choices.

Refer to STT Guidelines: Nutrition - “Lactose Intolerance”, page 53for additional suggestions.

ADDITIONAL INTERVENTIONS:

Provide the client who is lactose intolerant with STT Guidelines: Nutrition - Handout “Do you have trouble with milk foods? “ page 55,and handout “ Food rich in Calcium” page 57.
Review non-dairy foods rich in calcium, and the serving sizes that equal a cup of milk.

REFERRAL:

Refer to health care provider and/or registered dietitian if after numerous attempts to educate the client, her calcium intake from all sources, including supplements, is estimated to be less than 800 milligrams per day.

Refer to registered dietitian if client has frank food allergies that limit dietary choices to such an extent the nutritional adequacy of her diet is poor.

Question 9

9. How many cups, glasses or cans of these to you drink daily?

☐ **Water** _____ ☐ **Milk** _____ ☐ **Juice** _____ ☐ **Diet Soda** _____

☐ **Punch / Kool Aid** _____ ☐ **Coffee** _____ ☐ **Tea** _____ ☐ **Soda** _____

Subject (A): Caffeine intake

Status: (**L**): Low or none of caffeine containing drink

(**M**): Moderate intake of caffeine containing drinks (up to 300 mg of caffeine); 2 - 3 cups of instant or brewed coffee; 4 - 5 cups of tea; or 5 (12 oz) cans of coke per day

(**H**): Excessive daily intake of caffeine containing drinks compromising dietary intake (> 300 mg of caffeine/day)

Status Intervention: (**L**): Praise and reinforce low to no caffeine containing drinks

(**M**): Refer to section “Additional Interventions”

(**H**): Discuss risk of excessive caffeine intake. Refer to MD

Question 9

Subject (B): Fluid intake

Status: (**L**): Consuming 6 - 8 cups of fluids/day

(**M**): Moderate fluid intake (3 - 4 cups of fluids/day)

(**H**): Inadequate fluid intake

Status Intervention: (**L**): Praise and reinforce fluid intake

(**M**): Refer to section "Additional Interventions"

(**H**): Emphasize 6 - 8 cups of fluids a day. Refer to MD

General fluid intake is important for proper metabolic functioning. Certain beverages can indicate sources of excess sugar or caffeine.

Pregnant women who use **caffeine**-containing beverages should do so in moderation. During pregnancy, caffeine crosses the placenta and the effect on the baby is unknown. The suggested limit during pregnancy is 300 mg of caffeine per day. The caffeine content of common beverages is listed below:

Brewed coffee	8 oz.	100 - 150 mg
Instant coffee	8 oz.	86 - 99 mg
Decaffeinated coffee	8 oz.	2 - 4 mg
Tea	8 oz.	60 - 75 mg
Cocoa/hot chocolate	8 oz.	6 - 42 mg
Cola drinks	12 oz.	40 - 60 mg

ADDITIONAL INTERVENTIONS:

Refer to above table to assist client in evaluating caffeine intake.

Encourage client to avoid or limit caffeine.

Emphasize 6 - 8 cups of fluid each day

Offer anticipatory guidance of caffeine withdrawal for clients with high caffeine intake who plan to reduce or stop caffeine intake (headache, GI upset, fatigue). Reassure client that symptoms usually pass in a few days.

High **diet soda** intake may result from fear of having a large baby and a perceived more difficult birth. The use of saccharin (such as Sweet and Low™ and Sugar Twin™) in pregnancy is not recommended. Since there is no current data to suggest that aspartame (NutraSweet™ or Equal™) causes problems for the baby, its use during pregnancy may be

permitted in moderation. The use of artificial sweeteners for control of weight gain during pregnancy should not be encouraged.

Refer to STT Guidelines: Nutrition - "Weight Gain During Pregnancy", pages 5- 14

Herbal teas may be commonly used as treatments for the discomforts of pregnancy or as part of some cultural/religious practices. During pregnancy, any use of herbal remedies should be brought to the attention of the health care provider. Regional poison control centers may be helpful in identifying active ingredients if the plant sources are known.

> **NOTE:** the following herbal remedies contain high levels of lead and can be dangerous to use:
>
> **Azarcon, Coral, Liga, Greta, Rueda, Alarcon, Maria Luisa and Pay-loo-ah**

ADDITIONAL INTERVENTIONS:

If client is using an herb known to be unsafe for use during pregnancy, discuss with the client the reason why the herb is unsafe and discourage its use.

REFERRAL:

Health care provider if client is using an unsafe or an unidentified herb.

<u>High Sugar Beverages</u>:

Punch, Kool-Aid, Tang, soda and other **high sugar beverages** contain a lot of calories and very little, if any, nutritional value. Encourage the client to limit intake of sweet drinks and encourage 6-8 cups of water intake. Encourage limiting foods high in sugar if any family history of diabetes and if client has had gestational diabetes in a previous pregnancy.

ADDITIONAL INTERVENTIONS:

Provide the client with a copy of STT Guidelines: Nutrition – Handout "Choose healthy foods to eat" page 29

Encourage drinking water for thirst and limiting high calorie beverages such as soda, punch, and Kool-Aid.

Stress to clients that beverages with the words "punch" or "drink" or "-ade" (such as lemonade), are beverages which contain sugar.

Recommend limiting 100% fruit juice to 1/2 - 1 cup per day.

Question 10

10. How many times a day do you usually eat (including snacks)?

Subject: Adequate diet

Status:	(**L**):	Eats 3 meals and 1 - 2 snacks daily
	(**M**):	Eats 3 meals daily
	(**H**):	Eats twice or less daily / or eats excessively throughout the day (more than 3 meals and 1-2 snacks).
Status Intervention:	(**L**):	Praise and encourage adequate diet
	(**M**):	Refer to section "Additional Interventions"
	(**H**):	Refer to MD and RD

Permits the assessor to develop nutritional recommendations which "fit" with the client's usual habits. Eating fewer than 3 meals a day and/or skipping meals may result in a diet that is inadequate for pregnancy. If the client often skips meals, this may indicate a more serious problem. If client is over eating, review and discuss nutrition handout, STT guidelines "Tips to Slow Weight Gain." Refer to health care provider or RD.

ADDITIONAL INTERVENTIONS:

Provide the client with STT Guidelines: Nutrition - "The Daily Food Guide for Pregnancy", page 28.

Stress the importance of eating foods from all of the different food groups, and the need to eat meals and snacks at regular times throughout the day.

Encourage the client to carry small snacks if she will be out, and to try to eat every 3 - 4 hours.

REFERRAL:

If her PFFQ or 24 hour recall assessments indicate inadequate nutritional intake in several categories and/or the client skips meals on a regular basis, this may indicate a greater problem and/or an eating disorder, and increases the risk for poor nutrition (refer to CPSP provider and/or RD).

Question 11

11. Do you have?

Nausea	**☐ YES**	**☐ NO**	**How often?** _____
Vomiting	**☐ YES**	**☐ NO**	**How often?** _____
Poor appetite	**☐ YES**	**☐ NO**	**How often?** _____
Weight loss	**☐ YES**	**☐ NO**	**How many pounds?** _____
Diarrhea	**☐ YES**	**☐ NO**	**How often?** _____
Constipation	**☐ YES**	**☐ NO**	**How often?** _____
Heartburn	**☐ YES**	**☐ NO**	**How often?** _____

☐ Other:
_____

Subject: Common pregnancy problems

Status:
- (**L**): Nausea, poor appetite, vomiting, heartburn, and constipation in the first trimester accompanied by adequate weight gain and adequate dietary intake
- (**M**): Increased nausea, vomiting, heartburn, constipation and weight loss as to affect dietary intake
- (**H**): Vomiting more than 2 times daily any time during pregnancy with inadequate weight gain or any weight loss and any danger signs

Status Intervention:
- (**L**): Provide education material on early and common problems of pregnancy
- (**M**): Refer to “Additional Interventions”
- (**H**): Refer to Registered Dietitian and Medical Care Provider

Many of these conditions can be addressed by suggestions outlined in STT Guidelines: Nutrition, pages 31-47

Nutrition Handouts: “Nausea: Tips that help” page 33, “Nausea: What to do to prevent you vomit” page 37; “Heartburn: What can you do” page 43; “Heartburn: Should you use antacids” Page 45; “Constipation: What you can do” page 43; “Constipation: What products you can and can not take” page 51
Health Education Guidelines - ”Safe Exercising and Lifting”, page 69; and Health Education - Handouts “ Exercises when you are pregnant” page 71; Stay active when you are pregnant: what you should and should no do page 75; “Keep safe when you exercise” page 77.

ADDITIONAL INTERVENTIONS:

All danger signs (refer to STT- Health Education, page 9) must be reported to the health care provider immediately. Danger signs must be described for the client during the CPSP Orientation and include: fever or chills, swollen face and/or hands, bleeding from the vagina, change in vision, difficulty breathing, severe headaches, sudden weight gain or loss, accident with a hard fall or blow to the abdomen, cramps in the stomach or uterus, pain or burning with urination, sudden flow or leaking of fluid from the vagina or breast, severe nausea/vomiting.

Document all reports to the health care provider per facility policy and procedure. Provide and review with the client STT Guidelines: Health Education - Handout : “Welcome to Pregnancy Care” page 7.

Nausea and Vomiting:

Nausea and vomiting occurs in about half of all pregnancies, especially between the 2nd and 16th weeks gestation. These symptoms are usually worse in the morning, but can happen at any time. Nausea and vomiting can be caused by hormonal changes, irregular diet habit, missed meals and inadequate nutrients / calories. Nausea is the feeling of an upset stomach or queasiness. Vomiting can cause dehydration and weight loss.

Hyperemesis gravidarum is a serious problem in pregnancy that involves uncontrolled, repeated episodes of vomiting. It can also cause rapid weight loss and other problems.

Refer to STT Guidelines: Nutrition, “Nausea and Vomiting” pages 31 - 32.

ADDITIONAL INTERVENTIONS:

Provide and review with client STT Guidelines: Nutrition – Handouts “Nausea tips that help” page 33; “Nausea: What can you do when you vomit” page 37.

For nausea, emphasize that clients should eat small amounts of foods every 2 - 3 hours, day and during the night. If needed (don’t encourage her to wake up and eat if OK at night)

Encourage clients to pay attention to their own food likes and dislikes, and to consume foods that are nutritious and aren’t associated with nausea and vomiting.

For vomiting, emphasize the importance of choosing nutritious foods and fluid that help replace the nutrients lost from vomiting.

REFERRAL:

Refer to health care provider and/or registered dietitian if:

- current weight loss is greater than five pounds below reported weight at conception;
- any weight loss of greater than three pounds from the last visit;
- symptoms have worsened and vomiting is not controlled;
- no weight gain by 16 weeks;
- dizziness, weakness, fainting or headaches do not go away;
- vomiting lasts for 24 hours or it cannot be stopped except by not having any food and fluids;
- Diet recall reveals inadequate intake in more than one food group.

Diarrhea:

Diarrhea is a common sign of lactose intolerance. The ethnic groups most affected in adulthood by lactose intolerance are African Americans, Hispanics, Native Americans, and Asians.

Refer to STT Guidelines: Nutrition - "Lactose Intolerance", page 53, if client is lactose intolerant.

ADDITIONAL INTERVENTIONS:

Assess diet for dairy products and intake of other calcium containing foods. Incorporate STT Guidelines: Nutrition - Handout : "Foods Rich in Calcium" page 57.

If client is lactose intolerant, provide and review with client STT Guidelines: Nutrition - Handout : "Do you have trouble with milk foods?" page 55.

REFERRAL:

Refer to health care provider immediately if client has had diarrhea which does not go away when dairy products are discontinued and/or lactase enzymes are added. Any diarrhea is not normal and should be checked. Refer to healthcare provider if inadequate calcium consumed and client needs calcium supplement.

Constipation:

Constipation is a common discomfort in pregnancy. Many women may wish to use laxatives for the relief of constipation. Taking certain laxatives can be harmful to pregnant women and their babies. Dietary fiber and liquids may greatly reduce constipation.

Refer to STT Guidelines: Nutrition - "Constipation", page 47.

ADDITIONAL INTERVENTIONS:

Provide client with a copy of STT Guidelines: Nutrition - Handout : "Constipation: What can you do" page 49; "Constipation: What products you can and can not take" page 51.

Emphasize ways to prevent constipation and products/substances to avoid.

REFERRAL:

Refer to health care provider or other appropriate nutrition counselor if the client complains of back pain and has not had a bowel movement for more than several days. Refer to RD for dietary counseling as needed.

Edema (swelling of the hands or feet):

60 to 80% of pregnant women will experience edema sometime during their pregnancy.

ADDITONAL INTERVENTIONS:

Encourage client to elevate her feet as directed by the provider.

Encourage moderate sodium intake. DO NOT recommend sodium restriction.

Assess dietary intake for nutritional adequacy, especially protein.

REFERRAL:

Refer to health care provider for any swelling of the face or sudden weight gain exceeding required amount.

Leg Cramps:

Leg cramps may occur in some women during the second half of pregnancy. The cause of leg cramps during pregnancy is unknown, but may be related to low blood levels of calcium and magnesium, and high blood levels of phosphorus. The Institute of Medicine's, *Nutrition During Pregnancy and Lactation Supplementation Guide*, (1992) states: "No well-conducted studies support special dietary measures for the treatment of leg cramps". Maintaining good nutrition without excessive amounts of any nutrients is a good idea. The following interventions may or may not be helpful.

ADDITIONAL INTERVENTIONS:

Assess calcium intake and encourage adequate calcium intake from foods such as milk and milk products. See Daily Food Guide for Pregnancy.

Encourage adequate magnesium intake from eating at least one serving of vegetable protein, one serving of dark green leafy vegetables (spinach, broccoli or swiss chard), and at least four servings of whole grain breads and cereals per day.

Discourage excessive phosphorus intake from processed foods, carbonated beverages, and excessive servings of protein foods.

Discourage pointing toes when lying in bed.

REFERRAL:

Refer to health care provider for possible supplementation if the client is unable/unwilling to eat adequate food sources of calcium and/or magnesium.

Hemorrhoids:

Hemorrhoids are caused by the pressure of the pregnant uterus interfering with venous circulation and are aggravated by constipation.

ADDITIONAL INTERVENTIONS:

Instruct the client in the prevention and treatment of constipation.

Apply cold compresses with or without the use of witch hazel or Epsom salts.

Discuss use of any topical medications with the health care provider before use.

Refer to STT Guidelines: Nutrition - "Constipation", Pg. 47.

REFERRAL:

Refer to health care provider for symptoms unrelieved by cold compresses and/or witch hazel (witch hazel is inexpensive and available over-the-counter).

Heartburn:

Refer to STT Guidelines: Nutrition - "Heartburn", page 41.

ADDITONAL INTERVENTIONS:

Provide the client with a copy of STT Guidelines: Nutrition - Handouts: "Heartburn: What can you do" page 43; "Heartburn: should you use antacids?" page 45.

Vaginal Bleeding:

Vaginal bleeding is a danger sign in pregnancy and must be reported to the health care provider immediately.

Varicose Veins:

Varicose veins may affect the legs, vulva, and pelvis. They are caused by one or more of the following factors: heredity, pressure of the pregnant uterus on the large veins of the pelvis, prolonged standing, and constrictive clothing.

ADDITIONAL INTERVENTIONS:

Client instruction should include: avoiding restrictive clothing, elevating legs and hips on pillows above the level of the heart, use of supportive stockings, and frequent rest periods.

Headaches:

Severe, persistent headache is a danger sign and must be reported to the health care provider immediately.

ADDITIONAL INTERVENTIONS:

Occasional headaches may be relieved by relaxation techniques, massage, bath or shower, cool compress, and/or mild analgesics when recommended by the health care provider.

Backaches:

Backaches in pregnancy may be caused by normal postural adjustments of pregnancy and relaxation of the sacroiliac joints in late pregnancy. Backaches may also be a sign of preterm labor; therefore, it is important to instruct all clients on the signs and symptoms of preterm labor and the procedure to follow if they occur. Backaches with constipation is a warning sign, refer to health care provider.

Refer to STT Guidelines: Health Education - "Safe Exercise and Lifting", page 69 and "Preterm Labor", pages 14 - 15.

ADDITIONAL INTERVENTIONS:

Backaches may be avoided by maintaining good posture, avoiding fatigue, and the use of good body mechanics.

Instruct the client to wear flat shoes.

Provide the client with a copy of STT Guidelines: Health Education - Handout: "Exercises when you are pregnant "page 71; "Stay active when you are pregnant: what you should do and should not do" page 75; "Keep safe when you exercise" page 77. The pelvic tilt and angry cat exercises may prevent and relieve backache.

Abdominal Cramping/Contractions:

Half of all women who go into preterm labor have none of the identified risk factors.

Abdominal cramping and/or contractions are danger signs in pregnancy and must be reported to the health care provider immediately.

Refer to STT Guidelines: Health Education - "Preterm Labor", pages 14 - 15.

Question 12

12. What home remedies, food supplements and herbs are you taking?

Ginseng	☐ **YES**	☐ **NO**	**How often?** _____
Ma Huang (Ephedra)	☐ **YES**	☐ **NO**	**How often?** _____
Manzanilla (chamomile)	☐ **YES**	☐ **NO**	**How often?** _____
Hierba Buena (peppermint)	☐ **YES**	☐ **NO**	**How often?** _____

☐ **Other:** _____

Subject: Home remedies, food supplements and herbs

Status:
- (**L**): Infrequent use (less than 2X a week) of Ginseng, manzanilla, hierba buena
- (**M**): Increased intake of herbs listed above
- (**H**): Any intake of Ma Huang or other home remedies or herbs known to be harmful for mother and baby (refer to information listed below)

Status Intervention:
- (**L**): Educate on the risk of increased use and / or introduction of other herbs
- (**M**): Educate on risk of intake and appropriate diet for pregnancy
- (**H**): Refer to Registered Dietitian. Notify Medical Care Provider

Herbal Remedies:

Herbal remedies may be commonly used as treatments for the discomforts of pregnancy, or as part of some cultural/religious practices. During pregnancy, any use of herbal remedies should be brought to the attention of the health care provider. Regional poison control centers may be helpful in identifying active ingredients if the plant sources are known.

NOTE: the following herbal remedies contain high levels of lead and can be dangerous to use:

Azarcon, Coral, Liga, Greta, Rueda, Alarcon, Maria Luisa and Pay-loo-ah

RESOURCE:

San Bernardino County Lead Program:	(909) 387 - 6212
Riverside County Lead Program:	(909) 358 - 5424
Poison Control:	1 (800) 876 - 4766
	1 (800) 972 - 3323 TDD

Question 13

13. During this pregnancy have you eaten:

Maicena (cornstarch)	**☐ YES**	**☐ NO**	**How often?** _____
Laundry Starch	**☐ YES**	**☐ NO**	**How often?** _____
Dirt or clay	**☐ YES**	**☐ NO**	**How often?** _____
Paste or plaster	**☐ YES**	**☐ NO**	**How often?** _____
Freezer Frost	**☐ YES**	**☐ NO**	**How often?** _____

☐ Other:

_____

Subject: Pica

Status:	(**L**):	No ingestion of non-food items
	(**M**):	Refer to (H)
	(**H**):	Any use is inappropriate
Status Intervention:	(**L**):	Reinforce no ingestion of non-food items
	(**M**):	Ice/Freezer frost: educate on prenatal diet, encourage healthy substitutes, give education materials, check for anemia
	(**H**):	All others: refer to Registered Dietitian and Medical Care Provider

Pica is the craving for nonfood items. Excessive intake of these non-food items may take the place of nutritious foods in the diet and can interfere with the body's absorption of iron.

Some of these non-foods may be toxic. "Yes" answers require evaluation to determine the extent of the problem and need for referral to the medical provider. Ice eating may indicate anemia. Check lab results and counsel accordingly.

ADDITIONAL INTERVENTIONS:

Use STT Guidelines: Nutrition - "Pica", and "Possible Problems from Pica During Pregnancy" pages 79-80, as a reference to provide client education related to potential problems from ingesting nonfood items.

Client should be evaluated by the provider for any potential medical problems related to ingestion of nonfoods.

Review STT Guidelines: Nutrition - "The Daily Food Guide for Pregnancy", page 25, with the client to help reinforce what the client needs nutritionally for a healthy pregnancy.

REFERRAL:

Refer to health care provider and/or registered dietitian if behavior has not changed at next prenatal appointment, or the item contains toxic substances or may result in medical or nutrition problems. Further assessment and intervention may be warranted.

Question 14

14. During this pregnancy, are you taking:

Aspirin	☐ **YES**	☐ **NO**	**How often?** _____
Cold medicine	☐ **YES**	☐ **NO**	**How often?** _____
Allergy / Sinus medicine	☐ **YES**	☐ **NO**	**How often?** _____
Diet pills	☐ **YES**	☐ **NO**	**How often?** _____
Prenatal vitamins	☐ **YES**	☐ **NO**	**How often?** _____
Other vitamins	☐ **YES**	☐ **NO**	**How often?** _____
Iron pills	☐ **YES**	☐ **NO**	**How often?** _____

☐ **Other:**

_____

Subject: Over-the-Counter Medications, vitamins and iron

Status:
- (**L**): Monitored by medical care provider, taking prenatal vitamins and medication correctly as prescribed
- (**M**): Refer to (H)
- (**H**): Lack of supervision by the medical care provider, not taking prenatal vitamins and medication as prescribed or excess intake of supplements or over the counter medication

Status Intervention:
- (**L**): Educate and encourage client to comply with provider instructions
- (**M**): Refer to (H)
- (**H**): Notify medical care provider

Over-the-Counter (OTC) Medications:

This is an opportunity to instruct the client the need to take prenatal vitamins and minerals on the hazards of OTC medication during pregnancy, as well as an opportunity to assess the need for medical evaluation of the condition for which she uses OTCs. Some calcium supplements and antacids may contain high levels of lead. Sources of information about lead in these products include pharmacists, the manufacturers (look on the product package for an 800 number) and the Natural Resources Defense Council (NRDC) at (415) 777 - 0220. This is also an opportunity to assess the clients knowledge and practices regarding safe storage of medication to prevent child poisoning.

Prescription Medications:

It is unsafe to take any prescription or over-the-counter medicines that are not known to be safe during pregnancy. Make sure the provider is aware of all medications the patient is taking. Make sure client is taking prescribed medication and prenatal vitamins and minerals.

ADDITIONAL INTERVENTIONS:

Inform health care provider of any prescription and/or over-the-counter medications the client is taking.

Encourage client to inform all health and dental care providers that she is pregnant.

Maintain a current list of over-the-counter medications and their indications for use that the health care provider recommends for common complaints and illnesses during pregnancy:

Headache: _____
Runny/stuffy nose: _____
Diarrhea: _____
Heartburn: _____
Cough: _____
Constipation: _____
Other: _____

Questions 15 & 16

15. How do you plan to feed your baby?

☐ **Breast** ☐ **Bottle** ☐ **Both** ☐ **Not sure**

16. Have you breastfed a baby before? ☐ **YES** ☐ **NO**

If yes, how long did you breastfeed? _____

Subject: Infant Feeding

Status:	(**L**):	Plans to breastfeed and has breastfed successfully before
	(**M**):	Plans to breastfeed, has prior experience, or plans to use bottle or is undecided
	(**H**):	Uninterested and/or previously unsuccessful in breastfeeding or had breastfeeding difficulty. Uninterested in resources and education
Status Intervention:	(**L**):	Support decision to breastfeed and provide information education
	(**M**):	Provide information / education from STT
	(**H**):	Refer to RD or lactation consultant

These questions encourage the client to begin thinking about how she plans to feed her baby and offer an opportunity to learn about the client's relevant prior experience. It is important for the client to know that every woman **can** breastfeed if that is her choice. Misinformation about breastfeeding and previous breastfeeding experience may be a factor in a woman's decision to breastfeed. Breastfeeding is contraindicated in certain situations, such as for clients who are HIV+, HBV+, currently using street drugs, taking certain medications, etc.

Some women may be undecided about how to feed their babies. Breastfeeding is the best way to feed a baby in most circumstances. Breast milk supply is determined by how often

the baby breastfeeds. A women who tries to breastfeed and formula feed her baby may have problems maintaining her breast milk supply and needs instruction. Client planning to return to school or work may need additional support, information and equipment.

Refer to STT Guidelines: Health Education - "Infant Feeding Decision-Making", pages 99 - 100 and Nutrition - "Breastfeeding", pages 122 - 131.

Additional Intervention for Question 15 (if the client's response is "both" or "not sure"):

Refer to STT Guidelines: Health Education - "Infant Feeding Decision-Making", pages 99-100.

Additional Intervention for Question 16 (if the client's response is "no", review reasons for breastfeeding):

If client's response is <1 month, identify any problems with previous attempts to breastfeed and review question section of "Signs that Breastfeeding is Going Well", page 102.

Build on any positive breastfeeding experience to encourage client to breastfeed.

Provide encouragement and support. Encourage client to ask about breastfeeding classes/resources at her next WIC appointment.

If adolescent girls are preoccupied with their weight, appearance, or have a history of eating disorders, assess the teen client's ability to maintain adequate nutritional intake during lactation. Encourage teens to breastfeed. Refer to counseling if appropriate.

ADDITIONAL INTERVENTIONS:

Respect the client's infant feeding choices. Offer needed support and direction for the method the client chooses.

Provide client with a copy of "Breastfeeding: "Getting Started in 5 Easy Steps", or other comparable material preferred by the health care provider. Materials provided by formula companies are not recommended.

If client selects breast and formula, emphasize the importance of maintaining breast milk supply by expressing (hand expression or pumping) breast milk while away from the baby or while formula feeding. Provide client information on obtaining a breast pump.

Provide and review with the client copies of STT Guidelines: Nutrition - Handouts: **"**You can breastfeed your baby: Here's how to get started", pg.133; " Making plenty of milk" pg. 139-140; "How to know your baby is getting plenty of milk" pg. 143-144;"Going back to work or school" pg.147-148, as appropriate.

If client is undecided, discuss with client benefits and perceived barriers to breastfeeding methods. Correct any misinformation the client may have regarding breastfeeding or formula feeding. Do not coerce the client to breastfeed. Final decision does not have to be made at the initial assessment. Include breastfeeding information / education throughout pregnancy.

REFERRAL:

Local Breastfeeding classes/support groups: _____
Local Nursing Mothers Council: _____
La Leche League International: _____ 1 (800) LA LECHE or (708) 519 - 7730
Monday - Friday 8:00 a.m. to 5:00 p.m. (Central Time) for volunteers in your area

211 San Bernardino, www.211sb.org

RESOURCES:

Childbirth Graphics Catalogue 1 (800) 299 - 3366 Extension 287

Titles include:

- *Breastfeeding: Getting Started in 5 Easy Steps* (English or Spanish)
- *Great Reasons to Breastfeed Your Baby* (English or Spanish)
- *Helpful Hints on Breastfeeding* (English or Spanish)

Counseling the Nursing Mother, a referenced handbook for health care providers and lay counselors by Judith Lauwers and Candance Woessner. Avery Publishing Group, Garden City Park, New York, 1990.

The Breastfeeding Answer Book by Nancy Mohrbacher and Julie Stock, La Leche League Publications, Schaumburg, Illinois, 1997.

Breastfeeding Resource Handbook for the Healthcare Professional, published by the San Diego County Breastfeeding Coalition. Order from and make check out to:

San Diego County Breastfeeding Coalition,
c/o Children's Health Hospital and Health Center,
3020 Children's Way, MC 5058,
San Diego, CA 92123 - 4282

Cost: $39.95 For more information call: (619) 576 - 5981.

Question 17

17. (A) Where are you living right now?

☐ **House** ☐ **Apartment** ☐ **Motel** ☐ **Street**

☐ **In friend's house or apartment** ☐ **Car** ☐ **Other** _____

(B) How long have you lived there? _____

Subject (A): Living Conditions

Status:
- (**L**): Adequate housing
- (**M**): Inadequate housing but for a short term period (few weeks)
- (**H**): Homelessness / Long-term inadequate housing

Status Intervention:
- (**L**): Provide resources upon request
- (**M**): Evaluate knowledge of community resources and provide as needed
- (**H**): Refer to housing resources, TANF

Question 17

Subject (B): Length of time

Status:
- (**L**): Greater than one year
- (**M**): 2 - 12 months
- (**H**): Less than 2 months

Status Intervention:
- (**L**): N/A
- (**M**): Evaluate knowledge of community resources and provide as needed
- (**H**): Provide information on community resources

Transience and/or inadequate housing can have a serious impact on the client's health and well-being. Among pregnant teens and drug or alcohol dependent pregnant women, a common issue is homelessness and abandonment from family. It is important to assess their living conditions, evaluate knowledge of community resources and provide information as needed.

Questions 18 & 19

18. How many people live with you?

☐ No one ☐ 1 - 3 others ☐ 4 - 6 others ☐ 7 or more others

Who lives with you?

☐ Live alone ☐ Husband / partner ☐ Parents ☐ In-laws

☐ Your children ☐ Other's children ☐ Friends ☐ Other family

☐ How many children are in your household? _____

19. If you are worried about something, who do you talk to?

☐ Partner / Husband ☐ Parents ☐ Grandparents ☐ Other relative

☐ Friend ☐ Other person:

_____

Subject: Living environment and support

Status:	(**L**):	Stable situation and has resources
	(**M**):	Indicated some problems (crowded living conditions) and desires referrals
	(**H**):	Lack of stable environment and inadequate or no support
Status Intervention:	(**L**):	Provide additional resource upon request
	(**M**):	Refer to appropriate programs, Social Worker, PHN
	(**H**):	Refer to appropriate programs, Social Worker, PHN

Housing which appears to be inadequate to the assessor may not be of concern to the client. Refer to question 17.

Question 19 helps the assessor to identify who is the support person in the client's life. It is important to know if this support person offers advice about pregnancy. If so, he or she should also be involved in the client's care. It will be very difficult to provide perinatal education if your information conflicts with this person's advice and he or she has not been included in educational efforts.

The client's responses to this question may also reveal misinformation, cultural practices, and/or indicate if the client has supportive and sound sources of information.

It is important to remember that some traditions and cultural practices may be so much a part of the client's life that health care workers are not able to dissuade clients from engaging in them, even if they are potentially harmful. YOU CANNOT MAKE THE CLIENT DO ANYTHING! Be aware of your own attitudes and preferences and try not to be judgmental about clients who don't do things the same way you would.

RESOURCES:

San Bernardino, www.211sb.org

Questions 20 & 21

20. Do you have (3□ if "YES")

□ **electricity** □ **hot water** □ **refrigerator** □ **stove or oven**

□ **transportation** □ **a telephone** □ **heating**

21. Are you usually able to (3□ if "YES")

□ **buy enough food** □ **pay rent** □ **pay other bills**

Subject: Economics

Status:
- (**L**): Has resources and ability to cope
- (**M**): Indicates some needs
- (**H**): Inadequate finances to cope (i.e. no transportation utilities)

Status Intervention:
- (**L**): Praise client, offer resources upon request
- (**M**): Check for WIC participation. Refer to section "Additional Interventions"
- (**H**): Check for WIC participation and resources. Refer to section "Additional Interventions"

Electricity, hot water, refrigerator, stove or oven, telephone, heating:

Lack of these items is important to know when providing instruction regarding personal care and nutritional counseling. Lack of a telephone may affect the client's ability to report potential complications (preterm labor, urinary tract infections, bleeding, etc.); alternate methods of communication should be identified prior to their need. Inadequate food preparation facilities and resources may greatly impair the client from a nourishing food intake. This question provides the client with an opportunity to express her own concerns and needs.

Refer to STT Guidelines: Nutrition - “Cooking and Food Storage”, pages 73 - 74 and “Food Safety”, pages 79 - 82.

Refer to STT Guidelines: Psychosocial - “Financial Concerns”, pages 25 - 30 for suggestions for referral resources. Be sure to check resources in your area for any intake requirements before referring clients.

ADDITIONAL INTERVENTIONS:

If no food storage and/or cooking facilities, provide client with a copy of STT Guidelines: Nutrition - Handouts S: “Foods That Do Not Need Refrigeration”, and T: “Tips for Cooking and Food Storage”.

Build on client’s strengths, for example, client has a hot plate, crock pot, ice chest, etc.

Provide instruction to the client regarding safety issues for small electrical appliances, hot plates, barbecue, etc., especially if no stove is available.

Help client with long term strategy to improve resources. Refer to STT Guidelines: Nutrition- “ Stretching Your Food Dollar”, pages 65-72.

REFERRAL:

Consult with health care provider regarding referral to registered dietitian and/or health educator for more intensive instruction.

Refer clients to housing assistance resources as appropriate.

Refer to emergency food banks, meal sites, etc. if indicated.

Transportation:

Transportation available to the client is important information to consider when making medical and support service appointments, and for referrals. Your group or practice may have fine education programs, but they will not help the client who is not able to attend your classes.

Refer to STT First Steps: “Developing a Community Resource List”, page 6.

ADDITIONAL INTERVENTIONS:

Stress that keeping appointments and attending classes assist the client and her provider in assuring the best possible outcome of her pregnancy.

Offer choices of times, and if possible, locations of classes.

Provide her with a list of practice/clinic, hospital, community resources.

Build on her strengths. Does she have a supportive family member who will watch other children or provide transportation?

Follow missed appointment policies and procedures.

If the client is dependent on her partner and/or parent for transportation to and from prenatal care visits, encourage these support persons to participate in the prenatal care of the client. Create activities for the partner or adult support person.

RESOURCES:

Metro Transit Authority: 1 (800) - COMMUTE

For referrals, call the agency where services are provided to inquire about any available transportation resources.

Community resources: _____

_____

_____

Refer to STT Guidelines: Psychosocial - "Financial Concerns", pages 28 - 34 for assistance in making appropriate referrals and Nutrition Handouts: "You can eat healthy and save money: Tips for food shopping", page 83; "You can buy low-cost healthy foods", page 85, and "you can stretch your dollars: Choose these easy meals and snacks" page 87.

Question 22

22. Have you ever had trouble finding a doctor or getting medical help for yourself or your family?

Subject: Previous health experiences

Status: (**L**): No problems

(**H**): Inexperienced or has experienced difficulty accessing health care services

(**M**): Had negative experiences

Status Intervention: (**L**): Continue participating in WIC

(**M**): Refer to (H)

(**H**): Provide information regarding County Family Care Centers and other resources

Difficulties with the health care system in the past may impact her ability to trust health care providers, how the client perceives her current care and how she responds to referrals.

Refer to STT Guidelines: First Steps - "Orientation to Your Services", pages 16 - 18, Health Education - "Infant Safety and Health", pages 101- 103, and Additional Information - "Introduction to Managed Care", appendix pages 8 - 9.

ADDITIONAL INTERVENTIONS:

An opportunity to provide education regarding utilization of Medi-Cal benefits and/or managed care delivery system. This question may also offer an opportunity to discuss other types of health care providers the client may be seeing such as herbalists, acupuncturists and curanderos. In addition, ask if client has chosen a doctor for her baby and discuss CHDP (Child Health and Disability Prevention) and the importance of well child checkups and immunizations.

For Managed Care Members, the doctor she has selected must be within her plan, participating medical group, IPA and/or clinic.

Review STT Guidelines: Health Education - Handout: "Your baby needs to be immunized", page 111.

REFERRAL:

Member Services Department of her health plan, if appropriate (managed care members).
Molina Medical Centers: 1 (800) 526 - 8196.

Question 23

23. Are you on the WIC Program?

Subject: WIC Program

Status:	(**L**):	Is already enrolled in WIC
	(**M**):	Participating in WIC, but having transportation problems
	(**H**):	Has limited resources or is not participating in WIC
Status Intervention:	(**L**):	Continue participating in WIC
	(**M**):	Offer referral to community agencies to assist with transportation
	(**H**):	Refer to WIC

All pregnant Medi-Cal recipients should be eligible for WIC and must be referred.

Refer to STT First Steps: "Making Successful Referrals", page 7, "Women, Infants and Children (WIC) Supplemental Nutrition Program", pages 9 - 10; and STT Guidelines: Health Education - "Workplace and Home Safety", pages 41 - 43; Psychosocial - "Financial Concerns", pages 28 - 34.

ADDITIONAL INTERVENTIONS:

Explain the importance of good nutrition, especially during pregnancy, and the WIC benefit. When making referrals, ask the client if she thinks she will have any difficulty in following through. Explain the benefit, describe the process of the referral and praise the client for taking care of herself. Anticipate barriers to follow-through - can she take notes?. . . does she have a map?. . .
a bus schedule?. . . a calendar? . . . a clock? . . . childcare?… Provide anticipatory guidance. Do your best to make appropriate referrals and encourage her to accept them.

In most cases, **you cannot make the client follow through. Know the limits of your counseling abilities and explain them to her. Set reasonable limits on your time and availability if the client becomes overly dependent, so she will be more likely to accept outside help.**

Any referrals documented here do not need to be addressed on the ICP unless further intervention is planned.

Any issues identified should be reassessed each subsequent trimester and, when appropriate, postpartum.

Document WIC participation at subsequent visits and/or assessments.

REFERRAL:

Local WIC program. Other items need to be evaluated individually.

211 San Bernardino, www.211sb.org

Questions 24 & 25

24. Do you have an infant car seat?

25. Do you use your car seat belt?

Subject: Car safety

Status:
(**L**): Client uses car seat belt consistently and has an infant seat

(**M**): Inconsistent use of safety restraints

(**H**): Client does not use car seat belt consistently and does not have an infant safety seat

Status Intervention: (**L**): Praise client for use of safety restraints

(**M**): Educate regarding California car seat and safety law. Refer to low cost car seat program

(**H**): Educate and provide materials. Referral to low cost car seat program

If no, this is an opportunity to determine if education is needed regarding the California car seat safety laws and make referrals to local resources.

Refer to STT Guidelines: First Steps- "Helping a Woman Help Herself", page 19; and STT Guidelines: Health Education - "Infant Safety and Health", pages 101- 104 .

ADDITIONAL INTERVENTIONS:

Provide educational information regarding the requirement for all children under the age of four regardless of weight, and all children who weigh under 40 pounds regardless of age, to be in safety seats at all times while in motor vehicles. Additional education regarding the increased safety provided by placing all children under 12 years of age in the back seat with seatbelts on may also be included here, if appropriate.

By the third trimester, the client should have an infant safety seat and be able to describe or demonstrate its correct usage.

RESOURCES:

Midas Muffler Shops - Project Safe Baby Program - Century 1000 Car Seats for $45. Call the nearest Midas Muffler Shop. Clients also receive $100 in auto care coupons.

Programs that lend, rent or give away infant safety seats in your area:

_____

_____

Question 25 creates an opportunity to determine if a discussion of the importance of seat belts is needed. Counseling regarding the use of seat belts in pregnancy is also an ACOG (American College of Obstetricians & Gynecologists) recommendation. The wearing of seat belts by all people in a vehicle is required by California law.

Safety habits, such as seat belt use by the client and her family indicates motivation to adopt health promoting behaviors.

If education regarding the importance of and the proper wearing of safety belts during pregnancy is needed, it should be addressed at the time of the initial assessment.

Questions 26, 27, & 28

26. Was your pregnancy planned?

27. How does the baby's father feel about this pregnancy?

☐ **Doesn't care** ☐ **Doesn't know** ☐ **Angry** ☐ **Sad**

☐ **Happy** ☐ **Other:** _____

28. How do you feel about this pregnancy?

☐ **Don't care** ☐ **Angry** ☐ **Happy** ☐ **Sad** ☐ **Other:** _____

Subject: Feelings about pregnancy

Status: (**L**): Happy mother and happy father and has support

(**M**): Father of the baby is unaware or unhappy, client was initially sad/upset but adjusting and/or pregnancy was unplanned

(**H**): Client is having problems adjusting to pregnancy and father of the baby is not involved

Status Intervention: (**L**): N/A

(**M**): Educate on normal emotional reaction to pregnancy. Provide educational materials

(**H**): Refer to Perinatal Education class on pregnancy. Refer to Social Worker and/or PHN

Women whose pregnancies are not intended or are mistimed are at greater risk for not breastfeeding their infants than women who planned their pregnancies.

Refer to STT Guidelines: "Psychosocial - Financial Concerns", pages 28- 34, "Legal Advocacy", pages 35 - 328, "Teen Pregnancy and Parenting", pages 85- 90, and "Unwanted Pregnancy", pages 5- 8.

Question 27 will provide the assessor with information regarding the client's support system and stressors she may be facing.

Refer to STT Guidelines: "Psychosocial-Parenting Stress", pages 44 - 48.

ADDITIONAL INTERVENTIONS (for Question 27):

Assist the client in identifying where she may obtain social support, e.g., church, school, parenting classes/support groups, childbirth education classes.

Encourage activities which include the father of the baby and any adult support present in the teen client's life.

REFERRAL (for Question 27):

Support groups, agencies, organizations where client may establish support network.

RESOURCES (for Question 27):

211 San Bernardino, www.211sb.org

Local Headstart program (if the client has young children): _____

_____

Parental Stress line number: _____

_____

Family Support Center(s): _____

_____

Child Resource and Referral Agency in area: _____

_____

_____

ADDITIONAL INTERVENTIONS (for Question 28):

Referrals to community based organizations as appropriate.

Provide the client with a copy of STT Guidelines: Psychosocial - Handout : "Uncertain About Pregnancy?" page 9, and : "Choices" page 9, if appropriate.

Offer a "teen" activity such as making a picture frame for the baby's first photo. Observe the client's participation and/or enthusiasm with this activity.

REFERRAL (for Question 28):

Social Worker when any of the following exists: substance abuse, age/attitude of client is perceived as inappropriate, lack of emotional preparedness, lack of adequate social support.

RESOURCES (for Question 28):

Social Work Consultant: _____

_____

Other:

San Bernardino, www.211sb.org

Question 29

29. Have you had any of the following?

☐ **Miscarriage** ☐ **Abortion** ☐ **Stillbirth** ☐ **Fetal demise**

☐ **Neonatal death** ☐ **Premature birth**

When did it happen? _____

What / Who helped you get through this?

_____

Subject: Previous loss

Status:	(**L**):	No previous loss
	(**M**):	One or previous losses within the past 2 years with some coping skills and support system
	(**H**):	One or more previous losses within the past year with minimal coping skills and no support system
Status Intervention:	(**L**):	Listen to concerns related to pregnancy
	(**M**):	Refer to section "Additional Interventions"
	(**H**):	Notify Medical Care Provider. Refer to Social Worker. Refer to other resources

An opportunity to identify problems and assist the client in making plans to avoid them with this pregnancy and/or identifying positive experiences upon which to draw. The client may have unresolved grief issues that can impact this pregnancy and the care of the newborn. It also identifies some strengths that may be helpful in addressing current issues.

Refer to STT Guidelines: Psychosocial - "Perinatal Loss", pages 13 - 16, for additional suggestions.

ADDITIONAL INTERVENTIONS:

Offer referral to social worker or perinatal loss support group.

Provide client with copies of STT Guidelines: Psychosocial - Handout: "Loss of Your Baby" page 17, and "Ways to Remember Your Baby" page 19, if appropriate.

REFERRAL:

SIDS: 1 (800) 9 - SIDSLA

Social Work consultant: _____

Local hospital(s)/churches: _____

Community Resources: _____

_____

Dates and times of hospital tours: _____

Childbirth and education classes: _____

211 San Bernardino, www.211sb.org

Question 30

Do you have any traditional, cultural, or religious customs about pregnancy or childbirth you would like supported?

Subject: Beliefs and cultural influences

Status:	(**L**):	No special beliefs or practices
	(**M**):	Holds beliefs or practices that do not interfere with health care provisions
	(**H**):	Holds beliefs or practices that do interfere with health care provisions
Status Intervention:	(**L**):	Respect beliefs and practices
	(**M**):	Respect beliefs and practices
	(**H**):	Provide culturally sensitive information. Refer to appropriate community cultural leaders

Acknowledgment and support of family, cultural and religious customs important to the client will result in a client who is more likely to participate in her care. In some cases these customs may be in conflict with medical care, and it is important to evaluate these situations with the medical provider.

ADDITIONAL INTERVENTIONS:

Refer client to the provider to discuss any objections to medical procedures ordered or anticipated.

Refer to STT Guidelines: First Steps - "Cultural Considerations", page 21, and :" Cross-Cultural Communication" pages 22 – 23.

Questions 31, 32, 33, 34, 35, 36, 37, & 38

31. Since becoming pregnant, which of the following have you had? (3□ if "YES")

□ Problem sleeping **□ Excessive worrying** **□ Crying** **□ Depression**

□ Sadness **□ None** **□ Other: _____**

32. Are you taking medicine for your nerves?

33. What two problems in your life cause you the most trouble?

34. Have you ever thought about, planned, or tried to hurt yourself?

35. Have you ever thought about, planned, or tried to hurt someone else?

36. In the past year have you been slapped, hit, kicked, or otherwise physically hurt by someone?

□ YES□ NO By whom? (Check all that apply)

□ Partner / Husband **□ Ex-husband** **□ Parent** **□ Step-parent**

□ Sister / Brother **□ Stranger** **□ Other:** _____

37. On this picture mark the area of the body where you have been hurt.

38. For how many months or years have you been hurt by this person?

Subject: Emotional status and history of abuse

Status: (**L**): No identified risk

(**M**): Identified emotional problems or abuse

(**H**): Suicidal / homicidal, physical abuse by significant other

Status Intervention: (**L**): Continue to assess

(**M**): Refer to appropriate resources and programs. Provide education on abuse

(**H**): Notify MD. Refer to Social Worker. Refer to appropriate resources and programs. Report abuse. Abuse pamphlets and provide education on abuse

Question 31 permits the client to give her evaluation of her emotional status. Other than "none", any response should be further explored to determine if this is a long-standing issue or more related to the emotional swings of early pregnancy.

Refer to STT Guidelines: Psychosocial - "Emotional or Mental Health Concerns", pages 73 - 76, for further suggestions.

These series of questions (32 - 35) provide information on the client's history of serious mental illness, mental status and what range of referrals might be possible. If the client has a past history of serious depression or attempted suicides, the provider should be notified and appropriate referral made.

Refer to STT Guidelines: Psychosocial - "Emotional or Mental Health Concerns", pages 73 - 76 and "Depression" pages 77 - 82 for additional information.
Provide patient with STT Guidelines: Psychosocial- Handout: "How Bad are Your Blues?" page 83.

Questions 36, 37, and 38 help the assessor determine the potential for and/or presence of domestic violence in the client's relationships. This series of questions must be asked as they are written and in the order in which they are written. Interventions are based on legal mandates and protocols.

Additional information is available in STT Guidelines: Psychosocial-"Spousal/Partner Abuse", pages 53 - 60.

The Department of Health Services, MCH Branch has developed a CPSP Domestic Violence Protocol, which will be available to every DHS-Certified CPSP Provider.

<u>One of every six</u> pregnant adults and <u>one of every five</u> pregnant teens are the victims of abuse. This is for many of them the first time they have an opportunity to get help and break the cycle.

Privacy is essential for safety. If you need an interpreter, use a staff member, not a family member or friend.

In general, maintain eye contact when screening clients for battering (for some cultures, such as Southeast Asians, this may be inappropriate.) Ask the questions in a direct, nonjudgmental manner. Allow the client to lead the conversation, giving her time to think about her feelings.

Inform the client that because of your concern for her health and an increased risk for violence and abuse during pregnancy, you ask everyone questions about violence in the home. Inform the client that you are a mandated reporter. Let her know that her response will be confidential unless she is being abused **and** (1) she has current physical injuries, in which case you are required to report to local law enforcement; or (2) she is under the age of 18 and is being abused, in which case you are required to report to your county's child protective services agency.

Refer to STT Guidelines: Psychosocial - "Spousal/Partner Abuse", pages 53 - 60.

If the client reports no abuse:

Communicate to her that if the situation changes, she should discuss it with her health care provider or CPHW. Do not badger or pressure the woman to respond to the abuse questions.

Accept negative responses even when there is evidence that she is not being truthful. She will choose when to share her history. Being accepting of a negative response - even if it seems clear that the woman is abused - conveys respect for her response and builds trust. This is often the first time the client has been assessed for abuse in a health care setting. Offer a nonjudgmental, relaxed manner as each question is asked. After a few questions, the client may trust the assessor enough to say "sometimes". Many women will not admit abuse initially, but may later in the pregnancy when she feels safer with her health care providers.

Express concern for her safety when appropriate.

Adolescent pregnancy is often complicated with issues of abuse and violence. Often, this is the first relationship in which the pregnant girl has ever been involved. She may not know what is and what is not acceptable behavior and what are and are not reasonable expectations in a relationship. Additionally, many pregnant teens grew up in households where domestic violence occurred; it is familiar to her. The disparity in ages between the girl and her partner might offer further insight into potential abuse or violence.

Do inform the provider of your concerns and follow through with all mandated legal reporting actions.

If the client reports current abuse and presents with physical injuries:

CPHWs should **STOP** and consult with an MD, NP, CNM, RN to complete this section. The injuries must be treated and documented in the client's medical record. Documentation in the medical record should also include the client's statements about the current injuries, perpetrator, and any past abuse (using direct quotes, writing "patient states that . . . ").

Medical record documentation should also include detailed description of the injuries, including type, number, location, color, possible causes, and extent of injury, and should include a body map.

Color photographs should be taken with the client's written permission and, if appropriate, prior to the administration of medical treatment.

Assembly Bill 1652 (Chapter 992, Statutes of 1993) took effect in the state of California on January 1, 1994, and an amendment to that law was passed into law in September, 1994, regarding requirements of health practitioners to make reports to the police under specified circumstances. Any health practitioner employed in a health facility, clinic, physician's office, local or state public health department, or clinic or other facility operated by a local or state public health department, is required to make a report if he or she "provides

medical services for a physical condition" to a patient whom he or she knows or reasonably suspects is:

(1) "suffering from any wound or other physical injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm", and/or

(2) "suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct."

Reports must be made by telephone as soon as practically possible, and in writing within two working days, including, but not limited to the following information:

(1) The name of the injured person, if known;

(2) the injured person's whereabouts (in no case shall the person suspected or accused of inflicting the injury, or his or her attorney, be allowed access to the injured person's whereabouts);

(3) the character and extent of the person's injuries; and

(4) the identity of any person the injured person alleges inflicted the injury.

REFERRAL:

All clients who report abuse by current partner within the last year should be referred to a social worker.

If the client reports physical abuse, but does not present with current physical injuries:

Ask her about her feelings regarding the abuse. Empathize with her and confirm her feelings. Reassure her she is not alone in being in an abusive situation and that she does not deserve to be treated this way.

Tell her that spousal/partner abuse is against the law. This may be new information to immigrant women from countries where spousal battering is socially accepted, and even legal.

Ask for details of current and past occurences of abuse and document the information she shares in her medical record. Specific information should be obtained: What happened? Where did she go after the incident(s)? Did she have any involvement with law enforcement? What was the outcome?

Review with the client STT Guidelines: Psychosocial - Handout : "Make a Plan to Keep Safe", page 61, and : "Cycle of Violence" ,page 63. Do not urge the client to take copies with her if she expresses reluctance. It may be for her own safety that she does not have such materials in her possession.

Share with the woman that you are concerned about her safety and ask what she wants to do or have happen.

Offer referral to a psychosocial professional.

Provide the client with a list of resources, including 24-hour hot line numbers. These should include police, counseling centers, shelters, and legal aid. It is important to provide her with the information necessary for her to make informed decisions. If the client is afraid to keep the numbers in her purse or drawer, suggest she keep it in a tampon or sanitary napkin box. Encourage the client to have an emergency plan for escape. This may include hiding a bag of personal items with a trusted friend, etc.

A woman in an abusive situation has three choices:

(1) stay with the abuser,
(2) leave for a safe place (such as a shelter),
(3) have the abuser removed from the place of residence (by court order).

It is important to assist the woman in recognizing her strengths as this will help her cope with the stress of getting out of a battering situation.

Women with positive responses to questions related to domestic violence should be asked to complete a Danger Assessment. Several risk factors have been associated with homicides (murder) of both batterers and battered women in research conducted after the killings have taken place. The Danger Assessment is a method of assisting the woman to evaluate her potential risk of being in a homicidal situation. Inform her that it is not possible to predict what will happen in her case. It would, however, be beneficial for her to be aware of the danger of homicide in situations of severe battering and for her to see how many of the risk factors apply to her situation. The Danger Assessment is most appropriately conducted by a social worker, nurse practitoner or nurse midwife, registered nurse or physician.

RESOURCES:

211 San Bernardino, www.211sb.org

Questions 39 & 40

39. How many cigarettes do you smoke each day?

□ Don't smoke **□ Less than ½ pack** **□ ½ pack** **□ ½ to 1 pack**
□ 1 - 2 packs **□ 2 - 3 packs** **□ More than 3 packs**

40. Do you live with anyone who smokes?

Subject: Smoking

Status: (**L**): No smoking or exposure

(**M**): Client unaware of smoke exposure risk

(**H**): Client smokes/Second hand smoke exposure

Status Intervention:

(**L**): Praise and encourage client to continue to not smoke or expose to second hand smoke

(**M**): Educate and counsel on smoking / exposure risk

(**H**): Provide education on risks of smoking and pregnancy. Refer to a smoking cessation program. Refer to section "Additional Interventions"

It is important to document carefully the client's smoking history, not just whether she smokes or not. Interventions for someone who smokes 1 - 2 cigarettes/week are likely to be different from interventions for someone who smokes 2 packs per day. The woman who uses chewing tobacco avoids possible lung problems, but she and her fetus are still exposed to the harmful effects of nicotine and carcinogens which affect other organs. Praise clients who do not smoke for their healthy lifestyle.

Cigarette smoke contains over 1,000 drugs, including nicotine, which are responsible for such effects as an increased risk of spontaneous abortion (miscarriage), increased blood pressure, increased tendency to have thrombophlebitis (blood clot in a vein), increased carbon monoxide levels, and a decreased capacity of blood to carry oxygen. One study suggested that as many as 45 percent of all unfavorable pregnancy outcomes may be related to smoking during pregnancy. The potentially harmful effects of smoking on pregnancy outcomes must not be minimized.

In addition, secondhand smoke can have serious effects on both the mother and the fetus. Additionally, children who are exposed to secondhand smoke experience more respiratory health problems, and are at greater risk for Sudden Infant Death Syndrome (SIDS). Use this question to assess her environment.

Refer to STT Guidelines: Health Education - "Tobacco Use", pages 79 - 81; "Secondhand Tobacco Smoke", pages 83 – 84; Nutrition - "Tobacco and Substance Use, pages 119 - 121 and Nutrition - "Weight Gain During Pregnancy", pages 5 - 14.

ADDITIONAL INTERVENTIONS:

Assist the client in identifying the risks (pregnancy complications, preterm birth, increased risk of SIDS, intrauterine growth retardation) associated with the use of tobacco and to consider reducing, quitting, or seeking treatment if she uses tobacco.

Review with the client and provide a copy of STT Guidelines: Health Education - Handout : "You can quit smoking", page 85.

Do not recommend the use of nicotine patches, gums and/or inhalants during pregnancy; the client should talk to her health care provider before using these.

If tobacco is used to control weight, review appropriate weight gain goals with the client.

Use this question to help the client identify exposure to secondhand smoking and develop a plan to avoid it.

Provide advice on techniques for reducing exposure.

Role play different ways she could ask her family members not to smoke in the house. Be certain the techniques you recommend to your client are culturally appropriate.

If the client thinks it would be helpful, refer to provider for "prescription" for family members not to smoke around the client.

If partner or housemates are motivated to quit smoking, offer cessation resources listed on next page.

REFERRAL:

1 (800) 7 - NO BUTTS:	English
1 (800) 45 - NO FUME:	Spanish
1 (800) 400 - 0866:	Mandarin and Cantonese
1 (800) 778 - 8440:	Vietnamese
1 (800) 556 - 5564:	Korean
1 (800) 933 - 4TDD:	Deaf/Hearing Impaired

Local tobacco cessation programs: _____

American Cancer Society, Local Chapter: _____

American Lung Association, Local Chapter: _____

Other: _____

_____

RESOURCES:

For You and Your Family: A Guide for Perinatal Trainers and Providers : by CA Dept. of Health, Tobacco Control Section (1992) - Provides counseling strategies specifically for African American, American Indian, Asian and Hispanic/Latina pregnant women who smoke or are exposed to secondhand smoke.

Tobacco Education Clearinghouse: 1 (800) 258 - 9090, extension 230, or write to PO Box 1830, Santa Cruz, CA 95061 - 1830.

A Pregnant Woman's Guide to Quit Smoking (5th edition) by Richard A. Windsor. Available for purchase from:

EBSCO Media
Barbara Finch - Distributor Manager
1 (205) 323 - 1508
801 5th Avenue South
Birmingham, AL 35233

Question 41

41. Check all that apply:

a. **Does the father of your baby use drugs or drink alcohol?** ☐ **YES** ☐ **NO**

Do / Did your parents use drugs or drink alcohol? ☐ **YES** ☐ **NO**

Do / Did you have friends who use drugs or drink alcohol? ☐ **YES** ☐ **NO**

b. **What drugs did you use before this pregnancy?**

☐ **Cocaine** ☐ **Marijuana** ☐ **Speed, methamphetamines** ☐ **PCP**

☐ **Heroin** ☐ **None:** ☐ **Other:** _____

c. **How often do you drink beer, wine, or liquor?**

☐ **Daily** ☐ **Weekends** ☐ **1 - 2 times per month** ☐ **Rarely or never**

Have your alcohol habits changed since you became pregnant? ☐ **YES** ☐ **NO**

If "YES", how?

_____

Subject: Alcohol and substance use

Status: (**L**): No use

(**M**): Prior use, family / partner / peer's use

(**H**): Any use of alcohol or drugs during the pregnancy

Status Intervention: (**L**): Praise and encourage client to maintain healthy lifestyle

(**M**): Educate regarding contraindications of alcohol/drug use during pregnancy

(**H**): Educate on risk of alcohol and drugs use during pregnancy and refer to appropriate resources. Refer to section "Additional Interventions"

Many health care workers are reluctant to ask questions about substance abuse. Some believe that the client will refuse to answer these questions or not accurately report her use or abuse. Other health care workers fear that the client will become hostile or abusive to them. There are several guidelines to consider when conducting a chemical assessment to decrease these potential responses:

- Conduct a substance abuse assessment for all clients. It is impossible to identify women who are at risk by their appearance alone. Repetition of the assessment by the health care worker also increases comfort with asking the questions.

- Maintain a nonjudgmental and accepting attitude. Health care workers must constantly monitor their feelings and attitudes in this area and not allow personal feelings to interfere with their ability to interact effectively with clients. Try to view the client as a woman who is pregnant and is currently using or abusing substances rather than label her as a "substance abuser".
- Remember that your role is to assist the client in making the choices that will ensure that she has the healthiest baby possible.
- Urine toxicology screening requires the written consent of the client.

Red Flags for alcohol/drug abuse may include one or more of the following current signs and/or symptoms (*):

Current Symptoms:

1. Tremor / perspiring/ tachycardia (rapid heartbeat)
2. Evidence of current intoxication
3. Prescription drug seeking behavior
4. Frequent fall; unexplained bruises
5. Suicide talk/ attempt; depression
6. Frequent hospitalizations
7. Inflamed, eroded nasal septum
8. Dilated pupils
9. Track marks/ injection sites
10. Gunshot/ knife wound
11. Diabetes, elevated BP, ulcers (non-responsive to treatment)

Laboratory Data:

	LAB TEST	NORMAL RANGES
1.	MCV > 95	80.0 - 100.0
2.	MCH - High	27.0 - 33.0
3.	GGT - High	9 - 85 (may be lab specific)
4.	SGOT - High	0 - 42
5.	Billiruben - Positive	Negative
6.	Triglyceride - High	< 200
7.	Anemia	Hgb > 10.5 Hct > 32
8.	Urine toxicology screen	Negative

Medical History:

1. Sexually transmitted infections including HIV/AIDS
2. Cellulitis
3. Cirrhosis of the liver
4. Hepatitis
5. Pancreatitis
6. Hypertension
7. Cerebral vascular accident
8. Anemia
9. Diabetes Mellitus
10. Phlebitis
11. Urinary tract infections
12. Poor nutritional status
13. Cardiac disease

Previous Obstetrical History:

1. Abruptio placenta
2. Fetal death
3. Intrauterine growth restriction (IUGR)
4. Premature rupture of membranes
5. Low birthweight infants
6. Meconium staining
7. Premature labor
8. Eclampsia
9. Spontaneous abortion (miscarriages)

(*) All of the signs and symptoms listed above may be the result of conditions other than drug and/or alcohol abuse.

In surveys of pregnant women, 10 - 15 percent have been found to use cocaine regularly during pregnancy. Cocaine acts as a stimulant to the central nervous system (brain) while peripherally causing such effects as constriction of veins, increased heart rate and blood pressure, and an increase in spontaneous abortions and abruptio placenta (separation of the placenta from the wall of the uterus during pregnancy). Cocaine abuse during pregnancy may result in the newborn experiencing withdrawal symptoms and having an increased risk of sudden infant death syndrome (SIDS).

Problems with pregnant women who abuse heroin and other narcotics may include hepatitis, endocarditis (infection in the sac around the heart), still birth, and the increased risk of contact with HIV. Problems with the infant include difficulty responding to the human voice, withdrawal symptoms, and low birthweight and shorter length.

Maternal perception of a child is an important factor in the child's psychological and social development.

<u>Wine, Wine Coolers, Hard Liquor or Mixed Drinks</u>:

Alcohol use during pregnancy is the leading preventable cause of birth defects. There is NO safe level of alcohol consumption during pregnancy. Alcohol use is many times associated with a poor diet. Alcohol use can alter the intake, digestion, and absorption of

nutrients, and cause nutrient deficiencies. Chronic alcohol abuse can result in nutrient deficiencies of thiamine, folic acid, magnesium and zinc.

Refer to STT Guidelines: Health Education - "Drug and Alcohol Use", pages 87 - 92.

ADDITIONAL INTERVENTIONS:

Provide client with a copy of STT Guidelines: Health Education - Handout : "You can quit using drugs or alcohol", page 93 and/or Psychosocial - Handouts: "Your Baby Can't Say 'No'" , and "When You Want to STOP Using Drugs and Alcohol", pages 69 - - 72.

Emphasize to the client that there is NO safe level of alcohol /drug use in pregnancy.

Emphasize risks with the use of alcohol/drugs.

Encourage the client to consider reducing, eliminating, or seeking treatment for alcohol use/abuse.

Encourage meals every 3 - 4 hours and healthy snack choices.

Provide client with a copy of STT Guidelines: Nutrition - Handout : "Choose healthy foods to eat", page 29.

Reinforce importance of telling all her health and dental care providers that she is pregnant.
Ensure health care provider is aware of substance(s) abuse.

Include client's "**stage of change**"* and next steps in the client's Individualized Care Plan (see
page 63).

If client is in the "**preparation**" stage of change, assist her in developing a specific plan and offer referrals to program(s).

If the client has no interest in cutting down or quitting ("**precontemplation**"), be sure she understands the possible health risks to herself and her baby. Ask her again at each visit. Document information shared with the client and her level of understanding on the Individualized Care Plan.

Pregnant women who are actively and heavily using substances should be referred to a registered dietitian and/or medical care provider for medical nutrition counseling.

Client may share strategies that have helped her quit in the past, reasons attempts were unsuccessful, etc. Include the client's strengths in the Individualized Care Plan documentation of what the client agrees to do to reduce the risk to herself and her baby.

Refer to STT Guidelines: Psychosocial - "Perinatal Substance Abuse", pages 65 – 68, and Nutrition - "Tobacco and Substance Use", pages 119 - 121.

Note: Treatment of drug and alcohol abuse (except acute, inpatient detoxification) is a Medi-Cal benefit, but not covered by the Health Plan for Medi-Cal Mainstream members. Refer to Public and Community resources for services. The Health Plan remains responsible for the management and coordination of medical and obstetrical care.

Treatment of mental health disorders is a Medi-Cal benefit, but is reimbursed by EDS, the State of California's fiscal intermediary, not the Health Plan for Medi-Cal Mainstream members. Refer to Public and Community resources for services. The Health Plan remains responsible for the management and coordination of medical and obstetrical care.

REFERRAL:

Social Worker for further assessment and referral: _____

Health Plan's Case Management Department: _____

Narcotics Anonymous: _____

Alcoholics Anonymous: _____

Registered Dietitian Consultant: _____

Refer client to Social Worker, RN, or the prenatal care provider for alcohol dependence screening.

Refer to treatment program as indicated by alcohol dependence screening.

Refer to Perinatal Outreach and Education: 1 (800) 227 - 3034 or (909) 386 - 8245.

RESOURCES:

Practical Approaches in the Treatment of Women Who Abuse Alcohol and Other Drugs:

Resource document for all professionals involved in the assessment and treatment of women with alcohol and other drug problems. Available from:

U.S. Department of Health and Human Services
Public Health Service
Substance Abuse and Mental Health Services Administration
Women and Children's Branch
Rockwall II, 5600 Fishers Lane
Rockville, MD 20857 FAX: (301) 468 - 6433

Pregnant, Substance-Using Women, Treatment Improvement Protocol (TIP) Series. DHHS Publication No. (SMA) 93 - 1998, Printed 1993. Available from:

U.S. Department of Health and Human Services
Public Health Service
Substance Abuse and Mental Health Services Administration
Women and Children's Branch
Rockwall II, 5600 Fishers Lane
Rockville, MD 20857

FAX: (301) 468 - 6433

TIPs (#2, 5, and 9 recommended by the Los Angeles Perinatal Health Consortium, Substance Abuse Subcommittee), may be ordered by contacting the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1 (800) 729 - 6686. TDD (for the hearing impaired):
1 (800) 487 - 4889

How to Take Care of Your Baby Before Birth - Large, easy to read 8 1/2" X 11" brochure emphasizes the importance of avoiding alcohol and other drugs during pregnancy. Free (up to 200/order) and available from:

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20852
1 (800) 729 - 6686 TDD: 1 (800) 487 - 4889

Local County Drug and Alcohol Program:

Riverside County Alcohol/Substance Abuse Program; (909) 275 - 2125

Riverside Drug Abuse Program: (909) 275 - 2100

San Bernardino County Office of Alcohol and Drug Programs Hot Line: 1 (800) 968 - 2636 (gives telephone number of perinatal substance programs closest to the patient).

211 San Bernardino, www.211sb.org

(*) Stages of Change:

Precontemplation: client does not believe she has a problem, denial, unawareness.

Contemplation: heightened awareness, client knows there is a problem relevant to her.

Preparation: client investigates, gathers information related to helping herself, may have made small changes in her behavior.

Action: client is ready to make a commitment to change her behavior - wants immediate referral, needs support techniques to cope with urges to use drugs, tobacco and/or alcohol.

Maintenance: client is integrating the new behaviors into her lifestyle, able to overcome the temptation to use, still vulnerable, needs support - relapse prevention.

Relapse: prompted to use drugs, alcohol or tobacco by stress or situation, disappointed, has less confidence in her ability to quit successfully.

This model can be applied to many behavioral changes, not just tobacco, alcohol, and/or drug cessation. The reference below includes an assessment tool for each stage.

Reference: Prochaska, J.O., Norcross, J.C., and Diclemente, C.C.: Changing for Good, New York, NY: Avon Books, 1994.

Question 42

42. Have you received counseling on HIV (AIDS) in pregnancy?

Subject: HIV

Status:	(**L**):	Has received HIV counseling
	(**M**):	Has received counseling and still has questions
	(**H**):	Has received no HIV counseling
Status Intervention:	(**L**):	N/A
	(**M**):	Provide/Refer for further HIV counseling
	(**H**):	Provide/Refer to HIV counseling

Current California regulation requires that all pregnant women, not just those who appear to be at risk, receive (1) counseling on the benefits of HIV testing in pregnancy, (2) offer of voluntary HIV testing with appropriate pre- and post-test counseling, and (3) information about treatments available to women who test positive. This information is, by law, to be provided by the client's prenatal care provider. The prenatal care provider may delegate this responsibility only to a health care worker who has received special training in this area. This question permits the provider/practitioner to document that the required services have been provided and allows the client to ask any unanswered questions.

Refer to STT Guidelines: Health Education - "HIV and Pregnancy", pages 29 - 34, for information for any further questions the client may have as well as clinical resources.

If client is at risk for infection with HIV and other STIs (multiple partners, history of STIs, drug use, etc.).

Provide to the client and review with her STT Guidelines: Health Education - Handout : "What You Should Know About STIs", page 27, "What You Should Know About HIV", page 35 and : "You can protect yourself and your baby from STDs", page 37.

ADDITIONAL INTERVENTIONS:

For clients who have been provided with the mandatory counseling, education, and offered a voluntary test by the health care provider, the CPHW may answer further questions as outlined in STT Guidelines: Health Education - "HIV and Pregnancy", pages 29 - 34.

Some clients may elect not to take the HIV test when it is first offered. At subsequent visits, they should be offered the opportunity to ask additional questions and/or receive a referral for testing.

Health educator referral is recommended for clients with a history of more than one STI episode.

REFERRAL:

For clients who report their health care provider has not discussed HIV risks, provided education, and/or offered a voluntary HIV test, refer the client back to the health care provider, or other appropriate HIV counselor in your facility, for this service.

Perinatal HIV exposure is a California Children's Services (CCS) eligible diagnosis. All infants born to HIV positive mothers must be referred to CCS for services referrals and case management.

Although clients should be encouraged to share all their health history with their health care providers, clients may elect to obtain HIV testing services at a confidential location.

Maintain a current list of confidential/anonymous HIV testing locations in your area:

_____

_____

A specific, separate form signed by the client and kept in the medical record which indicates she has received the mandated HIV education, counseling, and voluntary testing information is recommended. A sample form is included in the Medi-Cal Managed Care CPSP package.

RESOURCES:

"Perinatal HIV Prevention: Guidelines for Compliance", handbook available from:
Northeastern California Perinatal Outreach Program: (916) 733 - 1750
Health Education Consultant(s):

National HIV/AIDS Teen Hotline: 1 (800) 440 - TEEN - Friday-Saturday 6:00 p.m. - 12:00 am
English: 1 (800) 922 - AIDS (2437)
Spanish: 1 (800) 400 - 7432
Asian Pacific-Islander: 1 (800) 922 - 2438
TTY: 1 (800) 533 - 2437

"It Won't Happen to Me" video: $5.00 per copy (first copy free to nonprofit organizations)
Kaiser Foundation Health Plan
Audiovisual Communication Resources
825 Colorado Blvd., Suite 319
Los Angeles, CA 90041
Attn: Gus Gaona

HIV/AIDS Treatment Information: 1 (800) 448 - 0440
Project Information (Treatment Hotline): 1 (800) 822 - 7422
National STI Hotline: 1 (800) 227 - 8922

Questions 43, 44, & 45

43. Tell us what you know about and want to learn about:

Already Know	Like to Know		Already Know	Like to Know	
☐	☐	**Child Care**	☐	☐	**Breastfeeding**
☐	☐	**Hospital Tour**	☐	☐	**Infant Feeding**
☐	☐	**Labor & Delivery**	☐	☐	**Baby Care**
☐	☐	**Sexual Abuse**	☐	☐	**Exercise**
☐	☐	**Circumcision**	☐	☐	**Stop Smoking**
☐	☐	**Substance Abuse**	☐	☐	**Domestic Violence**
☐	☐	**How Your Baby Grows**	☐	☐	**Sexually Transmitted Disease**
☐	☐	**Making Children Behave**	☐	☐	**Body Changes During Pregnancy**
☐	☐	**Car Seat Safety**	☐	☐	**Other:** _____
☐	☐	**Signs of Preterm Labor**			

44. (A) How do you learn new things best? (Please check all that apply)

☐ **Talk one-to-one** ☐ **Watch video** ☐ **Read** ☐ **Go to class**

☐ **Pictures or diagrams** ☐ **Demonstration** ☐ **Other:** _____

(B) Do you have any problems with depression, hearing, or seeing that will make it hard for you to learn new things? ☐ **YES** ☐ **NO**

If "YES", please explain:

_____

45. (A) Will you have any problems coming to prenatal classes? ☐ **YES** ☐ **NO**

If "YES", please explain:

_____

(B) Who can come to prenatal classes with you?

_____

Subject: Perinatal education

Status:	(**L**):	Has previous experience, desires to learn and has no learning disabilities
	(**M**):	Unsure and requires education, has minimal learning disabilities. Can attend classes
	(**H**):	Uninterested in resources and education or cannot attend classes
Status Intervention:	(**L**):	Provide educational materials on topic(s) requested
	(**M**):	Provide educational materials on topic(s) requested. Provide Perinatal Education class series
	(**H**):	Provide individualized one to one education

Each woman must have an educational plan that meets her specific needs and interests, and one which she can do. The responses to questions 43 - 45 will help the assessor to develop a plan for education that meets this requirement. Question 43 lists common health education needs of pregnant women and provides a place to document basic health education interventions. This information should not be repeated in the client's Individualized Care Plan unless more complex teaching strategies are used. If the client has learning disabilities, her learning needs may require individual or small group health education appointments rather than through larger classes, and/or with a partner or family member in attendance.

Refer to STT Guidelines: Health Education-Handouts: "What You Should Know About STIs", pg. 27; "What You Should Know about HIV", pg. 35; "You can protect yourself and your baby from STDs", pg. 37; "You can quit smoking", pg. 85; "You can quit using drugs or alcohol", pg. 93; "Keep your new baby safe", pg. 105", "When you newborn baby is ill", pg. 109; "Your baby needs to be immunized", pg. 111; "Getting ready for Twins or Triplets", pg. 119; "Baby products, discounts and coupons for families who expect twins or triplets", pg. 123.

Nutrition-Handouts : "Choose healthy foods to eat", pg. 29; "You can eat healthy and save money: Tips for food shopping", pg. 83; "You can buy low-cost healthy foods", pg. 85; "you can stretch your dollars: Choose theses easy meals and snacks", pg. 87; "You can breastfeed your baby: Here's how to get started", pg.133; "You can breastfeed your baby: What to do the firs time you breastfeed", pg. 135; "You can breastfeed your baby: Making plenty of milk", pg. 139; "You can breastfeed your baby: How to know that your baby is getting plenty of milk", pg. 143; "You can breastfeed your baby: Going back to work or school", pg. 147."and /or other comparable educational materials appropriate to the client's needs.

ADDITIONAL INTERVENTIONS: (for Questions 43 & 44):

Provide client with appropriate educational materials or strategies related to her expressed learning needs and learning style.

Follow-up during subsequent visits to assure the information provided was adequate and appropriate.

REFERRAL (for Questions 43 & 44):

Clients with developmental disabilities or other barriers to traditional educational methods may need to be referred to a health educator for more intensive educational efforts and strategies.

RESOURCES (for Questions 43 & 44):

How Your Baby Grows	Wall Chart available for $2.00
March of Dimes, Supply Division	Pamphlets available $9.00/50
1275 Mamaroneck Ave.	
White Plains, NY 10605	(914) 428 - 7100

For question 45, transportation available to the client is important information to consider when making medical and support service appointments, and for referrals. Your group or practice may have fine education programs, but they will not help the client who is not able to attend your classes.

Refer to STT First Steps: "Developing a Community Resource List", page 8.

ADDITIONAL INTERVENTIONS (for Question 45):

Stress that keeping appointments and attending classes assist the client and her provider in assuring the best possible outcome of her pregnancy.

Offer choices of times, and if possible, locations of classes.

Provide her with a list of practice/clinic, hospital, community resources.

Build on her strengths. Does she have a supportive family member who will watch other children or provide transportation?

Follow missed appointment policies and procedures.

If the client is dependent on her partner and/or parent for transportation to and from prenatal care visits, encourage these support persons to participate in the prenatal care of the client. Create activities for the partner or adult support person.

Refer to question 19 to suggest an appropriate companion for the client if she is unable to identify anyone.

RESOURCES (for Question 45):

Metro Transit Authority: 1 (800) - COMMUTE
For referrals, call the agency where services are provided to inquire about any available transportation resources.

Community resources: _____

_____

_____

211 San Bernardino, www.211sb.org

Question 46

46. List one or two things (goals) you would like to work on during this pregnancy.

Subject: Goals

Status:	(**L**):	Appropriate Goals
	(**M**):	Refer to (H)
	(**H**):	Unsure or inappropriate goals
Status Intervention:	(**L**):	Praise and encourage to follow through with goals
	(**M**):	Refer to (H)
	(**H**):	Refer to appropriate resources

An empowerment opportunity for the client. With assistance from the assessor, the client may be able to use this opportunity to make personal changes in her life, rather than focusing on only one goal of "a healthy baby".

Refer to STT Guidelines: First Steps - "Making Decisions - Problem Solving - Empowerment", page 20.